

## Contemporary Treatment Research | Breakout Session 2

**Young people returning to alcohol and other drug services;  
New goals and incremental gains**

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# *Young people returning to alcohol and other drug services; new goals and incremental gains*

**Sarah MacLean & Gabriel Caluzzi**

*2024 Victorian AOD Service Providers Conference*



*We acknowledge the Traditional  
Owners and Custodians of the  
Country on which we work.*

*Wurundjeri people's sovereignty was  
never ceded. We pay our respects to  
Elders, past, present and emerging.*



# *Aftercare for young people: A sociological study of resource opportunities*

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Mr **Mark Ferry**, COO, Ted Noffs Foundation

Mr **Andrew Bruun**, CEO, Youth Support and Advocacy Service & Dr **Jacqui Sundbery**, formerly at YSAS.

# acknowledgements

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We are particularly grateful to the 38 young people who shared their stories about substance use and treatment experiences for this research

# publications from the project to date

MacLean, S. J., Caluzzi, G., Ferry, M., Bruun, A., Skattebol, J., Neale, J., & Bryant, J. (2022). Why we stopped using the term 'aftercare'. Drug and Alcohol Review, 41(1), 3-6. [doi:10.1111/dar.13332](https://doi.org/10.1111/dar.13332)

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Hopwood, M., Bryant, J., Neale, J., Caluzzi, G., Skattebol, J., & MacLean, S. (2024). Alcohol and other drug continuing care for young people: identifying helpful program mechanisms. International Journal of Adolescence and Youth, 29(1). <https://doi.org/10.1080/02673843.2024.2353202>

# to read more about this project

<https://www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/engagement-impact/our-projects/resource-landscapes-young-people-leaving-residential-drug-alcohol-services>





# today's plan

We tend to think about outcomes for young people as associated with a stay or engagement in a specific program. Our intention today is to show how young people grow and change through multiple service and program engagements

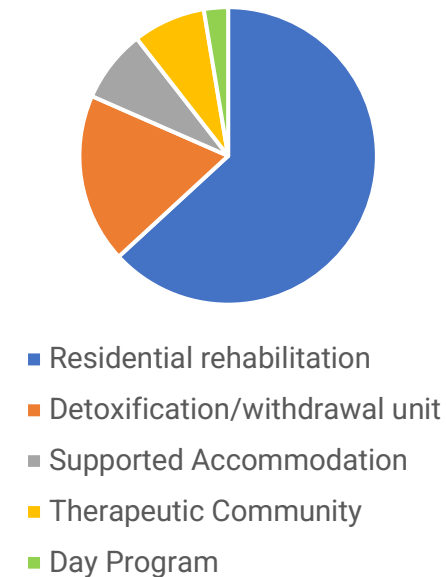
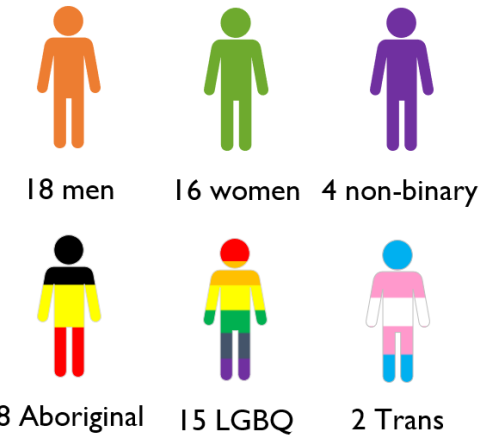
- Gabe will talk briefly about our method and then briefly speak to two young people's experiences over the year after leaving intensive AoD services
- I will show in more detail how young people developed new skills and capacities as they aged and moved through the service system.
- We would both love to respond to any comments or questions.



# Methods

- Longitudinal qualitative interviews with 38 young people in NSW, ACT & VIC
  - Criteria: aged 16-24, spent last 30 days with residential services or combined residential and other intensive AOD support
  - **Wave 1** (0 months): 38 interviews (\$50 reimbursement)
  - **Wave 2** (6 months): 20 interviews (\$50 reimbursement)
  - **Wave 3** (12 months): 27 interviews (\$100 reimbursement)
- Recruitment
  - Youth AOD services -- YSAS, Ted Noffs Foundation, Windana, Lives Lived Well
- Sample
  - Ages ranged from 16-23; gender mix; predominately from rehabs
- Interviews
  - Semi-structured, ~30-60 minutes, in-person, phone call or videocall
  - Topics: AOD use & experiences, key life events, relationships with people and services, plans for the future

## 38 young people



- **Alex (20, non-binary)**



- **Orana (16, woman)**



# introduction –ongoing service engagement after AoD residential treatment

- Alcohol and other drug use problems are rarely resolved through one engagement in the AoD service system.
- AoD service return is generally precipitated when a person ‘relapses’ to problematic AoD use, which seems to peak in the months directly after service engagement (Nordfjærn, 2011).
- This term implies that people are back to where they started in their trajectories to better managing substance use.

# some theory

- The paper builds on ***growing interest in complexity and systems thinking***, particularly relating to health issues with complex drivers (Foster-Fishman et al., 2007; Haynes et al., 2020)
- Systems thinking goes beyond ecological models that support the need for multiple interventions to seek to understand how relationships operate across service systems. It attends to the synchronistic effects of policies, programs and contexts where they are applied.
- We argue that the notion of ‘incremental treatment’ is helpful also in understanding young people’s trajectories through the AoD service system.

# themes in ongoing service system engagement after intensive AoD care

- Deciding to seek help from services again
- Changing ambitions for program engagement
- Changing capacities to engage in programs
- Importance of ongoing relationships with workers

# Deciding to seek help from services again

Almost all participants engaged with a range of services prior to and during the year over which we interviewed them. Unsurprisingly, the main reason for return to an AoD service was because participants' substance use felt out of control again.

*I went to detox a few times ... which is always pretty good, just to get a clear head for a bit. Which is when I decided to come back here. I was like, 'Oh, yeah, I kind of fucked up again. Maybe I should go back [to rehab] [Alex, wave 2]*

# Deciding to seek help from services again

Participants were articulate about lapse and relapse and most understood relapse a part of the treatment journey

*I've stopped making a big deal out of when I fuck up. It's kind of like I'm sick of it now so I'm just like, 'Alright. Let's just get on with it; you already know how to do this.'*  
[Emily, Wave 2]



# Deciding to seek help from services again

Participants returned to services for a range reasons. Sam returned pre-emptively because he seemed to be on a trajectory to more drug use

*Had some slip-ups here and there, and best situation for that was just to go back to detox, just to be safe, so it doesn't get any more out of hand" [Sam, wave 2].*

Jack had noticed a decline in his mental health that led to smoking more cannabis, which in turn affected his work. He returned to rehab where staff helped him 'reset' and find a new job:

*So, yeah, good outcome and, you know, glad that I went" [Jack, wave 2].*

# Deciding to seek help from services again

Most young people, like Aimee, were optimistic about service return

*I mean every time I've gone to a new service it's like a new beginning for me, I guess...It's just a new chance for me to, to be different. Well, it just feels like, like I'm starting a new chapter. [Aimee, Wave 2]*

A minority were angry with themselves for using drugs again and ashamed to re-approach services

*Fucking, I've been using again, [Orana, Wave 2]*

*It's not, it's not ideal. it was kind of like embarrassing going back. Like I'd already completed the program and it's like, "Well, I failed." [Crystal, Wave 3]*

# Deciding to seek help from services again

Participants did not always return to services when they recommenced AoD use

*I managed to just like pull myself out of that without a detox, which is the first time I've ever done that in my life... Because recovery's not just a straight line I guess"*  
[Emily, Wave 2]

# Changed ambitions for program engagement

Participants spoke about what they hoped to achieve through a return to treatment services. This might be to work on a goal to reduce substance use further than initially planned.

*I know that I want to completely get off the smoking. So, I've got a referral for rehab for like six to 12 months. [Jack, Wave 2]*

Some people wanted to work on use of a different substance to that which was their focus in earlier engagements.

# Changed ambitions for program engagement

Some identified that they needed skills that would help them manage their lives better.

*[I'm going back] to learn conflict and everything. 'Cause a lot of the time I'm just like, "Oh my God, conflict! Bye!" And run away from it. But, yeah, [life would be] a lot easier if I'd learn how to deal with it. [Alex, Wave 2]*

# Changed capacity for program engagement

Most participants accrued greater capacity to manage their substance use as they grew older.

*I'm a completely different person than I was when I first came in 'cause like I'm ready to change and I want to. 'Cause I'm old now. Like I'm 21 and like I can't go back into jail. Fuck that! And I know if I fuck up on my [court] order [that will happen]. [Suzie, Wave 1]*

Shannon reflected that he got more out of rehab during his second stay due to his greater life experience

*I've done it [rehab] twice now and it just made me realise like there's more in life than drugs and alcohol, and crime, and all that shit. And I realised that last time too but then I just realised more this time. [Shannon, Wave 3].*

# Changed capacity for program engagement

Young people also became more literate about what support or interventions they needed.

*[New program will] have supports in place for you after you leave. And I like that idea because I, when I didn't have that with [rehab 1], I really struggled, you know. ... And it's been really good. It's very different from [rehab 1] but it's also helped me a lot in like new ways that I didn't expect to get helped in, I guess. And it's just been really good, to be honest. [Carmen, wave 3]*



# Changed capacity for program engagement

Young people were also affected by changed life circumstances at different timepoints that helped them use services better.

*The reason why this time I decided to come back is I'm a dad: I have a kid [Jason, Wave1].*

*So I've got some therapists and stuff who are helping me with [ADHD] and I've got some new medication. And probably about six months ago I went into detox .... And I was there for about a little over a week. And then I went to hospital for about a week and a half to get adjusted to my new ADHD meds. And, since all of that, I've actually been completely alcohol-free. So, about six months. [Aimee, wave 3]*

# Importance of ongoing contact with workers

Some felt awkward returning to a service they had been exited from, especially when they thought that workers disliked them, and this made it difficult to re-engage

*And, since I've like been out, like there are times where I've wanted to be able to call [Service] and like talk about stuff. But, because I'm so scared of like one of the workers obviously yelling at me being there or that, or like don't like me or whatever, like it's just, I can't call them. [Orana, Wave 2]*

Service return was much easier where young people were still in contact with an AoD worker

*I still feel they really support me. I've just grown a fair bit and like, if I needed their help at any point in time, they're still one of the most like supportive like groups and stuff I could go to and helped the most out of all the groups' [Emily, Wave 2].*

# Importance of ongoing contact with workers

## Services provided continuum of care

*I know that, if I ever needed it, that they would be great. Like [community organisation 1], [youth service 1], [youth service 2], if I ever needed the support, like I know that they would be on top of it. So, it's, yeah, it's good. [Emily, Wave 3]*

# Importance of ongoing contact with workers

*Orana: Also, I got into uni....*

*Interviewer: Fuckin' hell, I don't believe it! That is amazing! Christ, what a turnaround in a year!*

*Orana :Yeah. I did not think I would like get into the uni, but I had people on my side pushing for me to go. So, it all worked out. [Wave 3]*

# Discussion - part 1

- Young people engaged in residential AoD services know they will return to a world where substances are part of their lives. It seems that services prepare them well for this.
- Service or program re-entry is often characterised by different goals than earlier stays.
- Young people's capacities to engage with AoD and other programs change over time. Most want and are able to achieve different things from program involvement in each stay (ie returning to a service is not just a repeat of the same thing).
- Across three waves of interviews conducted during the span of a year, we saw most young people develop a stronger sense of wellbeing, many attaining usual markers of adulthood such as living independently, working and either ceasing or keeping substance use contained in their lives.
- Yet it should also be acknowledged that at the time of our final interviews with them, a minority were dismayed about their ongoing substance use and its effects on their lives.

# Discussion – part 2

- The value of a relationship-centred approach to service delivery is evident in our research. Having ongoing contact with a worker makes it much easier for young people to re-enter services.
- How young people leave a service impacts their capacity to return to it

# Implications – part 1

- Our participants saw services as part of the journey towards taking control of their lives, often involving engaging with many different programs, some repeatedly. They regard services as a system of care that extends over time and across different service types.
- The synergistic effects of services, and the gradual and uneven changes that they achieved in their lives suggest that helping people garner skills and resources to live well (MacLean et al., 2012), rather than simply trying to eradicate drug use, is a productive approach for AoD services. This further highlights the importance of measuring a range of gains beyond substance use made by service users in service reporting.



# Implications – part 2

- ‘Incremental treatment’ is understood in medical discourse to explain how effects of interventions build and emerge over time (i.e. Caria et al., 2014). AoD treatment effects appear to be ‘incremental’ rather than associated only with one stay in a program.
- Ongoing care through a relationship with a service or worker/s should be available to young people leaving intensive AoD services, helping them to maintain incremental gains made.
- The effectiveness of treatment should be measured and tracked as people move through the ecology of the service system, rather than only through evaluating individual programs.

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