

CADTH Reference List

Aftercare Services for Substance Use Disorders

August 2022

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Cite As: *Aftercare Services for Substance Use Disorders*. (CADTH reference list). Ottawa: CADTH; 2022 Aug.

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Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

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Key Messages

- One randomized controlled trial was identified about the clinical effectiveness of aftercare services following inpatient, residential, or outpatient treatment programs versus no aftercare services for people with substance use disorders.
- Five randomized controlled trials were identified about the clinical effectiveness of aftercare services with different components, lengths of treatment, or formats following inpatient, residential, or outpatient treatment programs for people with substance use disorders.
- No evidence-based guidelines were identified about the use of aftercare services following inpatient, residential, or outpatient treatment programs for people with substance use disorders.

Research Questions

1. What is the clinical effectiveness of aftercare services following inpatient, residential, or outpatient treatment programs versus no aftercare services for people with substance use disorders?
2. What is the clinical effectiveness of aftercare services with different components, lengths of treatment, or formats following inpatient, residential, or outpatient treatment programs for people with substance use disorders?
3. What are the evidence-based guidelines regarding the use of aftercare services following inpatient, residential, or outpatient treatment programs for people with substance use disorders?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, the Cochrane Database of Systematic Reviews, the international HTA database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were substance use disorders and aftercare. CADTH-developed search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, indirect treatment comparisons, reviews, any types of clinical trials or observational studies, or guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English-language documents published between January 1, 2017 and July 20, 2022. Internet links were provided, where available.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in [Table 1](#). Full texts of study

Table 1: Selection Criteria

Criteria	Description
Population	People with substance use disorders
Intervention	Aftercare services following inpatient, residential, or outpatient treatment programs
Comparator	Q1: No treatment with aftercare services following inpatient, residential, or outpatient treatment programs Q2: Aftercare services with alternative components, lengths of treatment, or formats following inpatient, residential, or outpatient treatment programs Q3: Not applicable
Outcomes	Q1 and Q2: Clinical effectiveness (e.g., quality of life, functioning, participant satisfaction, relapse, symptom severity, participation rates, safety [e.g., adverse events]) Q3: Recommendations regarding best practices (e.g., which types of aftercare services should be offered, appropriate populations, guidance about the optimal components or duration of aftercare services)
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines

publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when available.

Results

Five randomized controlled trials¹⁻⁵ about the clinical effectiveness of aftercare services with different components, lengths of treatment, or formats following inpatient, residential, or outpatient treatment programs for people with substance use disorders were identified. One randomized controlled trial⁶ about the clinical effectiveness of aftercare services following inpatient, residential, or outpatient treatment programs versus no aftercare services for people with substance use disorders was identified. No health technology assessments or systematic reviews were identified. No evidence-based guidelines about the use of aftercare services following inpatient, residential, or outpatient treatment programs for people with substance use disorders were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in [Appendix 1](#).

References

Health Technology Assessments

No literature identified.

Systematic Reviews

No literature identified.

Randomized Controlled Trials

1. Stryhn L, Larsen MB, Mejdal A, et al. Relapse prevention for alcohol use disorders: combined acamprosate and cue exposure therapy as aftercare. *Nord J Psychiatry*. 2022;76(5):394-402. [PubMed](#)
2. Graser Y, Stutz S, Rosner S, Moggi F, Soravia LM. Telephone- and Text Message-Based Continuing Care After Residential Treatment for Alcohol Use Disorder: A Randomized Clinical Multicenter Study. *Alcohol Clin Exp Res*. 2021;45(1):224-233. [PubMed](#)
3. Harvey LM, Fan W, Cano MA, et al. Psychosocial intervention utilization and substance abuse treatment outcomes in a multisite sample of individuals who use opioids. *J Subst Abuse Treat*. 2020;112:68-75. [PubMed](#)
4. Mellentin AI, Nielsen B, Nielsen AS, et al. A Mobile Phone App Featuring Cue Exposure Therapy As Aftercare for Alcohol Use Disorders: An Investigator-Blinded Randomized Controlled Trial. *JMIR Mhealth Uhealth*. 2019;7(8):e13793. [PubMed](#)
5. O'Reilly H, Hagerty A, O'Donnell S, et al. Alcohol Use Disorder and Comorbid Depression: A Randomized Controlled Trial Investigating the Effectiveness of Supportive Text Messages in Aiding Recovery. *Alcohol Alcohol*. 2019;54(5):551-558. [PubMed](#)
6. Agyapong VIO, Juhas M, Mrklas K, et al. Randomized controlled pilot trial of supportive text messaging for alcohol use disorder patients. *J Subst Abuse Treat*. 2018;94:74-80. [PubMed](#)

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix 1: References of Potential Interest

Systematic Reviews

Completion of Inpatient, Residential, or Outpatient Treatment Not Specified

7. Goldberg SB, Pace B, Griskaitis M, et al. Mindfulness-based interventions for substance use disorders. *Cochrane Database Syst Rev*. 2021;10:CD011723. [PubMed](#)
8. Hennessy EA, Tanner-Smith EE, Finch AJ, et al. Recovery schools for improving behavioral and academic outcomes among students in recovery from substance use disorders: a systematic review. *Campbell Syst Rev*. 2018;14(1):1-86. <https://onlinelibrary.wiley.com/doi/full/10.4073/csr.2018.9>. Accessed 2022 July 26.

Alternative Intervention – Not Specific to Aftercare Services

9. Ameral V, Hocking E, Leviyah X, Newberger NG, Timko C, Livingston N. Innovating for real-world care: A systematic review of interventions to improve post-detoxification outcomes for opioid use disorder. *Drug Alcohol Depend*. 2022;233:109379. [PubMed](#)
10. Nesvåg S, McKay JR. Feasibility and Effects of Digital Interventions to Support People in Recovery From Substance Use Disorders: Systematic Review. *J Med Internet Res*. 2018;20(8):e255. [PubMed](#)

Randomized Controlled Trials

Completion of Inpatient, Residential, or Outpatient Treatment Not Specified

11. Scott CK, Dennis ML, Johnson KA, Grella CE. A randomized clinical trial of smartphone self-managed recovery support services. *J Subst Abuse Treat*. 2020;117:108089. [PubMed](#)
12. Epstein EE, McCrady BS, Hallgren KA, et al. Individual versus group female-specific cognitive behavior therapy for alcohol use disorder. *J Subst Abuse Treat*. 2018;88:27-43. [PubMed](#)

Alternative Outcome – Influence of Gender on the Effectiveness of Intervention

13. Roos C, Stein E, Bowen S, Witkiewitz K. Individual gender and group gender composition as predictors of differential benefit from mindfulness-based relapse prevention for substance use disorders. *Mindfulness (N Y)*. 2019;10(8):1560-1567. [PubMed](#)

Non-Randomized Studies

Mixed Population – People with Substance Use Disorders and Mental Disorders

14. Muroff J, Robinson W, Chassler D, et al. Use of a Smartphone Recovery Tool for Latinos with Co-Occurring Alcohol and Other Drug Disorders and Mental Disorders. *J Dual Diagn*. 2017;13(4):280-290. [PubMed](#)

Alternative Comparator – Aftercare in Two Different Age Groups

15. Dingle T, Bowen S. Evaluating substance use treatment efficacy for younger and older adults. *Addict Behav*. 2021;112:106618. [PubMed](#)

Mixed Intervention – Individuals in Outpatient Treatment and Aftercare

16. Kuhlmeier A, Desai Y, Tonigan A, et al. Applying methods for personalized medicine to the treatment of alcohol use disorder. *J Consult Clin Psychol*. 2021;89(4):288-300. [PubMed](#)

Unclear Intervention

17. Ivers JH, Zgaga L, Sweeney B, et al. A naturalistic longitudinal analysis of post-detoxification outcomes in opioid-dependent patients. *Drug Alcohol Rev*. 2018;37 Suppl 1:S339-S347. [PubMed](#)

Completion Inpatient, Residential, or Outpatient Treatment Not Specified

18. Timko C, Mericle A, Kaskutas LA, Martinez P, Zemore SE. Predictors and outcomes of online mutual-help group attendance in a national survey study. *J Subst Abuse Treat*. 2022;138:108732. [PubMed](#)
19. Finch AJ, Tanner-Smith E, Hennessy E, Moberg DP. Recovery high schools: Effect of schools supporting recovery from substance use disorders. *Am J Drug Alcohol Abuse*. 2018;44(2):175-184. [PubMed](#)

No Comparator

20. Ashford RD, Brown A, Canode B, Sledd A, Potter JS, Bergman BG. Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addict Behav*. 2021;119:106945. [PubMed](#)
21. Costello MJ, Li Y, Remers S, et al. Effects of 12-step mutual support and professional outpatient services on short-term substance use outcomes among adults who received inpatient treatment. *Addict Behav*. 2019;98:106055. [PubMed](#)
22. Enkema MC, Bowen S. Mindfulness practice moderates the relationship between craving and substance use in a clinical sample. *Drug Alcohol Depend*. 2017;179:1-7. [PubMed](#)

Guidelines and Recommendations

Completion of Inpatient, Residential, or Outpatient Treatment Not Specified

23. Bertram JR, Porath A, Seitz D, et al. Canadian Guidelines on Cannabis Use Disorder Among Older Adults. *Can Geriatr J.* 2020;23(1):135-142. [PubMed](#)
See Recommendation #20 (page 4)

Unclear Methodology

24. University of Sydney, Specialty of Addiction Medicine. Guidelines for the Treatment of Alcohol Problems. 2022; <https://alcoholtreatmentguidelines.com.au/pdf/guidelines-for-the-treatment-of-alcohol-problems.pdf>. Accessed 2022 July 26.
See Aftercare (page 301)
25. Haber PS, Riordan BC, Winter DT, et al. New Australian guidelines for the treatment of alcohol problems: an overview of recommendations. *Med J Aust.* 2021;215 Suppl 7:S3-S32. [PubMed](#)
See Relapse Prevention, Aftercare and Long Term Follow-up (page 16)

Additional References

26. Canadian Centre on Substance Abuse. Finding Quality Addiction Care in Canada: Drug and Alcohol Treatment Guide. 2017; <https://www.ccsa.ca/Resource%20Library/CCSA-Addiction-Care-in-Canada-Treatment-Guide-2017-en.pdf>. Accessed 2022 July 26.
See Continuing Care (page 8)