



Triple R: Rehabilitation for
Recovery and Reinsertion

Handbook on social reintegration of recovered drug users



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PREFACE

We are proud to present the Triple R handbook on social reinsertion.

The Triple R project is a 2-year long European project based on the exchange of the best practices in the field of recovery, social reintegration and justice interventions among EU member states.

Based on the decades of work in the field of reinsertion, this handbook presents the experience of four European countries illustrating the opportunities offered to recovering drug users to be socially reinserted in Italy, Spain, Sweden and Croatia. San Patrignano, CelS Rome, Dianova Spain, Basta Sweden, Stijena, Institute Pula and San Patrignano Association Split have been actively engaged in the project, sharing expertise and views on addiction, elaborating on the methodologies for securing a successful reintegration in the society of previously addicted persons.

This report is based on the contributions of Triple R project partners and on the results of an on-line questionnaire, capturing feedbacks, analysis and key concepts about recovery and the different ways to achieve it, reflecting the variety of rehabilitation programs implemented by Triple R project partners.

We believe this handbook will be a resourceful tool for knowledge and food for thought for practitioners in the field of social reinsertion, for policymakers and relevant stakeholders who are interested in exploring models for social reintegration of people experiencing addiction problems, offering opportunities for recovery and social reinsertion as active members of the society.

The Triple R project Team

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SUMMARY

The handbook presents the findings on the Triple R project exchange on social reintegration programs for drug users and it is the natural continuation of the Triple R manual on rehabilitation. Project partners consider recovery from drug addiction and social reinsertion as intertwined paths that are complementary to each other.

The Chapters from 1 to 4 are dedicated to the study cases presented by project partners describing the most important aspects of their experience in social reintegration.

Chapter 1 illustrates the Italian experience, elaborating on the methodologies of the two Italian partners, San Patrignano and Centro Italiano di Solidarietà Don Picchi (CeIS) Rome. San Patrignano explains the key elements of its recovery program and social reinsertion for the residents of the community based on empowerment, life skills, education and vocational trainings. CeIS Rome describes its work in the field of social reintegration, highlighting the dynamic for socialization, determination and co-determination of rules and the ways leading to autonomy.

Chapter 2 presents the Spanish case, introducing the work of Asociacion Dianova España (Dianova Spain). This session illustrates the methodologies and the approaches used by the organization in the social reintegration programs, including the individual and group formats and the creation of the Individual Itinerary of Integration.

Chapter 3 describes the Swedish experience presenting the work of Basta, a Swedish user-run social enterprise, providing treatment and social reintegration opportunities for drug users. Basta model is focused on the role of work and in supporting recovering addicts in establishing a carrier as sustainable option for fostering social reintegration.

Chapter 4 presents the Croatian experience. The three partners: Stijena, Institute Pula and Association San Patrignano Split illustrate their programs and the opportunities for social reinsertion, highlighting success and key challenges in implementing social reintegration in Croatia.

Chapter 5 captures the conclusions of the Triple R project on social reintegration. It elaborates on the ARES methodology; an acronym that has been created to crystalize the key concepts emerging from partners experience on the issue. Based on the ARES findings, it also features suggestions and recommendations for practitioners in the field of social reintegration and for policymakers interested in it.

The entire Triple R experience has been based on the paradigm of total recovery for drug users. Social reintegration is the main goal shared by all Triple R partners, and the ideal continuation and result of the recovery journey. Recovery offers a unique opportunity to society to see drug addicts not as a burden, but as fellow human beings that deserve an opportunity and who could be an asset to their families and communities. Social reintegration is the coronation of the recovery paradigm and the living proof of its value in the long run. We appreciate that this handbook will help all the readers to see that as clearly as we do.

CHAPTER 1

THE ITALIAN EXPERIENCE.

SAN PATRIGNANO AND CEIS ROME

SAN PATRIGNANO

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SAN PATRIGNANO

San Patrignano is the largest residential drug rehabilitation community in Europe, providing drug free treatment to young people completely free of charge, earning its income from the wide variety of high quality enterprises it has set up which provide those being rehabilitated with job training, and a sense of meaning and dignity.

Since 1978 the community has welcomed more than 25.000 individuals suffering from drug addiction without any religious, ideological or social discrimination and completely free of charge. The drug rehabilitation program of San Patrignano is drug- free, long term and residential. San Patrignano's approach is totally based on individuals, providing a place and space for their personal and professional growth building a drug free life and assisting also in the social reinsertion upon completion of the program. The community invests in education and job trainings as viable ways to self-support the residents in their future life as productive members of the society. In the San Patrignano community are hosted also people with special needs. Among them there are minors, pregnant women and mothers with kids. Special housings have been created for them to be able to better respond to their needs. According to the Italian Drug Law, San Patrignano also welcomes offenders in alternative setting from prison, offering a real option for treatment, recovery and social integration, providing support, education, job trainings and life skills.

1.1 San Patrignano's work on social reintegration

First Phase: embedding the reinsertion into the rehabilitation program

San Patrignano considers **social reinsertion as an integral part of the recovery program**. Actually, reinsertion is entwined with recovery and it is pursued as a goal since day one. The residents are immediately experiencing a daily routine where socializing, job training and a structured timetable are helping them not just in facing the addiction, but establishing work ethic and fostering conscious and respectful behavior.

In practical terms, **having a job training** while staying in the community, helps them in creating self confidence, in feeling useful members of the community and in experiencing constantly a sense of accomplishment. After some time in the community, normally around one year or a year and half, important milestones are met: **the first visit** of the family of origin or beloved one to the community and also the starting of the **mentoring of new comer residents**.

The **first visit** marks a crucial moment in the program, because reconnecting with the family of origins, help in healing the mistakes and the suffering originated by drug addiction and also establishing healthy interpersonal relations for the future. Receiving family into the community, spending a day with them and showing the facilities, introducing them to the friends and fellows in the program is boosting confidence and also confronting

with each other's fears and it is in itself a moment of personal growth and a first step for social reinsertion.

The relations with the beloved ones are also treated with the utmost respect and especially when children are involved. Special attention is given to motherhood and fatherhood.

Family always plays an important role in the life of each one. For this reason San Patrignano encourages the effort in reconnecting and making amends for the mistakes of the past, creating a serene environment for the future. For mothers, fathers and children in the community, a parental support is made available. A dedicated team of educators, volunteers and professional staff (psychologists and psychiatrists) is available to support during the rehabilitation and social reinsertion. In addition to them San Patrignano legal office assists in solving eventual pending issues related to child custody due to the former condition of drug use.

The second milestone around the first year is in the community is **becoming a mentor**. This step mark and important way forward, because the resident is no longer considered a new comer, but he or she acquires more responsibility in welcoming and mentoring an actual newcomer. The relationship between the two is expected to be challenging and fulfilling at the same time, presenting moments of confrontation with each other, testing their own limits and motivation, increasing the understanding of the community program and fostering self-consciousness. It is the first actual step of giving back time and some of the help that the resident has previously received.

The following step in the social reinsertion is the so-called **home visit** or also verification. Essentially, it is time, initially a week, to be spent outside the community, visiting family back home and experiencing life after the program. Since each recovery program is unique, there is no fix date around which the home visit is scheduled, it might considerably vary according to each case and to the progress demonstrated. The reason behind the home visit is to realize expectations and fears about getting back to the context of origins, as well as touching base on work opportunities and environment. During the last phase of the recovery program, the home visits became more frequent and last longer, so that it is possible to assess, whether or not it is preferable to plan the reinsertion with family, or if other options should be looked into.

Second phase: preparing for leaving the community

While looking into the planning of the social reinsertion, San Patrignano counts on a **national and international network of so called associations** who are helping out residents in finding a connection with the geographical areas where they belong. The associations basically support in the two crucial steps of the reintegration: getting a job and finding the right place to leave. They help in refining the CV and disseminating it among potential employers, suggesting best options in the local job market. They also support in the search for renting or affordable and safe housing.

Some of the associations in Italy, also have some locations that could be offered for free or at a lower rate than the market quotation. Some other have established social enterprises and created job places for the San Patrignano former residents. Among the associations aboard, for example San Patrignano London, has been tremendously successful in the social reinsertion throughout the years. Established in 2012, San Patrignano London Association has been partnering with local restaurants and shops who offered employment to former San Patrignano residents, establishing a virtuous cycle of trust, with both the community and the association and actively championing the recovery movement.

1.2 Methodology and target groups

Nurturing talents for a successful reintegration

San Patrignano invests in vocational trainings, formal and informal education as well as on stimulating social entrepreneurship and makes these options available for all its residents.

Vocational trainings are a fundamental pillar of the recovery and social reinsertion program and apply to all residents. More than 50 career paths to choose upon, from food and hospitality industries to dog breeding, horses grooming, plumbing, and gardening. The community believes in stimulating the search of one's passions and in nurturing talents. Working has a very important meaning, and it is not just seen as occupational therapy by the community. At the beginning, working provides interaction and fosters feeling of companionship and collaboration among residents. It promotes consciousness about the value of time, work ethic and respect. It also provides a lot of personal gratification and a feeling of self-accomplishment. Working is also supporting the community and giving back time to San Patrignano, helping in making it sustainable and contributing to its mission.

After the initial phase where the vocational training is more focused in getting the resident to a successful recovery path, and once a more clear vision of future profession is reached, towards the end of the recovery program, the job training became more individualized, and clearly oriented to acquire specific skills needed by and attractive for the job market. San Patrignano offers the opportunity of undertaking internships inside the community in the field of call center, graphic design, communication office, media and video production, hospitality industries including restaurants service and food processing and catering options. If the branch of choice is not available inside the community, it is also possible to undertake an internship outside the community in the Rimini province, while still being a resident in San Patrignano and finishing the program.

Education is the second pillar of the recovery and it is highly promoted among the San Patrignano residents. San Patrignano created a building inside its premises called the Study center, with the aim of offering the opportunity to get back to the interrupted studies due to drug addiction as well as to start new educational paths, getting diplomas of primary, secondary school, college and university degrees.

Over 1350 students have attended the study center at San Patrignano between 1989 and 2015. 120 residents began their university studies in San Patrignano and completed them in their town of choice after the reintegration. In the school year 2013-2014 the students were 134.

The University degrees that have been obtained includes: medicine, law, sociology, psychology, social studies, nursing, interior design, arts, pedagogy, architecture, engineering, languages, business, economy and political science. In the year 2014-2015 a new curricula on journalism has been added.

Educational training and compulsory internship program are also made available in the field of dental technology, social worker, nurses and medical doctor carrier paths.

Professional diploma and trainings in the following jobs are also among the possibilities: socio-sanitary operator, dental care assistant, computer graphic, handicraft, carpenter, plumber, electrician, baker, gardener, dog or horse groom, pet therapy expert, chef, maître de sale, professional waiter and caterer.

Furthermore **language courses** are offered: Italian for foreign residents who need to complete and improve their knowledge of the local language and a special English course for the residents of the community

who want to learn a second language. The last one is organized and sponsored by John Peter Sloan, a renown English actor, director, writer and singer who apply an intuitive and creative approach to language teaching, helping students in expressing themselves.

San Patrignano has also a partnership with **Uninettuno Telematic University**, which created a Technological Center in the community in 2012. The technological Center is located inside the Study Center and is fully equipped with computers with fast internet connection to support distant learning and video conferencing. The Telematic University allows the students to attend classes remotely, overcoming the difficulty of compulsory attendance and then present the exam in person at the Study Center. The curricula already available are the following: Psychology, Economics, Law, Engineering, Literature and Communications. In 2015, 23 students attended Uninettuno courses.

In cooperation with Uninettuno and San Patrignano a Master on Social Health Operator in the field of drug addiction has been created in 2012. The project is aimed primarily for the region of Maghreb and Arabic speaking countries, where the problem of drug addiction is growing. The course is current available for Italian students as well as for all the countries belonging to the Arab League.

Leisure activities: Arts and Sport

Leisure time has always played an important role in San Patrignano. Theater, Music, Dance and Singing workshops have been offered during the recovery program. Since 2015 all these activities were gathered and coordinated under the **San Patrignano Arts Center**. The aim was to create a synergy among all the artistic discipline that are intended as an additional tool for personal growth and self-awareness.

Sport has also always been part of the educational and drug rehabilitation program in San Patrignano. Team spirit, fair play, sacrifice, dedication, loyalty, handling success and frustration are some life skills who will benefit the residents. Every year 100,000 hours of sports are practiced in SanPatrignano.

A range of options are given, especially for minors, who need to exercise to secure healthy growth: football, basketball, volleyball, running, swimming, indoor and outdoor soccer, volleyball and basketball tournaments.

In addition to all this activities San Patrignano created the San Patrignano Running Team, coached by Dr. Gabriele Rosa. Taking advantage of the healing power of running, enduring physical strength and mental

motivation and focus, the San Patrignano running team prepares dedicated residents to compete in national and international marathons such as New York and London marathons, achieving important goals for personal growth and self-esteem while promoting healthy lifestyles in the community.

Both Arts and Sports are encouraging healthy lifestyles and play an important role in supporting the long-term drug free life and the reintegration into society. The former residents became good role model for their family, children and friends.

Microcredit facilitating start ups

In 2013, under the scientific direction of the Bocconi University Milan, San Patrignano started a training school for operator of microcredit, with guest professors from all around Italy and leading experts from organizations, institutions and companies affiliated with San Patrignano. The training used a complex methodology combining frontal lessons, testimonies and case studies. 25 educators of the community were awarded with the final degree presenting business plans for potential microcredit projects. The purpose was to create a multiplier effect and support the resident in ideating and creating small enterprises and start up, so that upon the completion of their recovery program they will no longer be job seekers but job givers.

In 2013 San Patrignano signed an agreement with Ente Nazionale per il Microcredito (National Agency for Microcredit) establishing a guarantee Fund for San Patrignano's residents wishing to start up a new business. In Italy microcredit tools are pioneers, and at the moment, San Patrignano is the only social cooperative using microcredit to foster social reintegration. Thanks to the Guarantee Fund, the community is able to effectively support the residents, beside the traditional tools of vocational training activities and cooperative work, representing and supporting the start up entrepreneurs in dealing with credit institutions.

An additional strength of the project in terms of sustainability is represented by the investment in training for Microcredit consultants in the community. This will have a multiplier effect while securing that all the residents could benefit from it. The microcredit consultants will provide professional support to residents to shape and test their own entrepreneurial ideas, making them fit for the competitive world.

The project started with Banca Prossima as depositary of the Fund and Intesa San Paolo as credit institute. Other partners such as the Cassa di Risparmio di Rimini, joined later on, along with consulting group Vobis,

Accenturre, Alumni association and Italian National Accountant Association.

The results achieved so far are encouraging: in 2014 6 residents received a loan and started up their own business. In 2015, 4 projects have been presented. One already received the loan, while the others are waiting for the final evaluation from the bank.

San Patrignano believes and invests in the microfinance tool and disseminates the results of its project to raise awareness and interest around its model and explore further replicability. Social Financing for disadvantage people presents a mutual advantage for them and the society as a whole. The Microcredit project in San Patrignano has developed a sound model that could be easily replicated and exported, being adapted to other social contexts.

Squisito! San Patrignano Social Franchising

San Patrignano social franchising is an initiative to foster social reintegration and access to labor market as franchisee. The project created a franchising chain of Italian gourmet style fast dining, capitalizing on the know-how and expertise of San Patrignano in food and catering. The main idea is to provide San Patrignano residents with a structured model and format, helping them starting up a rental activity reaching economic self sufficiency, social inclusion, boosting self-esteem and self-realization.

Thanks to the social franchising is possible to achieve the following objectives:

- giving the concrete example that drug addict rehabilitation is possible and testified by the people who work inside the store;
- promoting and disseminating the products made in San Patrignano, raising awareness also on the social work and added value of the community;
- sharing a living example of healthy food and life styles who are at the basis of the rehabilitative program in San Patrignano;
- raising awareness on a responsible and moderate assumption of alcoholic drinks and promote education on the wine tasting; and
- supporting the economic sustainability of the community.

The community provides assistance with the brand, its trusted suppliers and with the know-how. Furthermore, pieces of furniture and decoration could be made ad hoc for each store to personalize the setting, while securing a common theme as franchisee. The catering market, despite the economic crisis of the latest years,

has proved to be solid, since food consumption in public settings, remained high. San Patrignano social franchising brand secures the quality of the products, healthy food, affordable prices, professionalism in the presentation of the food and in services, combined with an attractive location.

The first store opened in 2016 under the brand Squisito! Pizza e Bottega San Patrignano. It offers gourmet sliced pizza, made following the community tradition with natural mother yeast and a range of floors including gluten free options, artisanal manufacturing and 0 kilometer ingredients coming from San Patrignano production. The franchising aims at take away primarily, but it is also equipped with a small area for clients who want to eat the pizza on site. The first franchising opened in Verona and new stores are expected to open soon in Milan and in other cities in Italy and eventually abroad.

1.3 Lesson learnt from the implementation of rehabilitation programs in San Patrignano

Based on the San Patrignano experience the following are the key elements for a successful social reintegration:

Embed reintegration into the recovery program:

Reintegration should not be seen as a separate step after recovery, but should be embedded in a continuum of treatment and reintegration, fostering the chances of the long-term success.

Invest in education and job trainings prior to the social reintegration. It is imperative to prepare for social reintegration, equipping recovering drug users with options for job training and education, that could foster their economic independence and securing their future and the future of their family.

Engage the family and the beloved ones: The social relations aspect should not be underestimated: family and beloved ones should be included in the social reintegration. Wherever and to the extend possible the relation with the family should be encouraged, especially if there are children and minors involved. A serene and supportive family could play an essential role in the long-term reintegration.

Prioritize housing and job search: these two aspects are really crucial and sometimes are left for the last minute. Finding the right job or place to live

during the social integration phase may present many challenges. It is advisable not to leave recovered users alone in this phase but create a network or a support group, such as the San Patrignano associations, where people could go in case of need.

Encourage volunteering and giving back time.

Being mentor, or supporting people in need, boosts self confidence and also has a multiplier effect in giving back some of the help that was once received by others. Therefore being connected with the community or with other voluntary activities that are fulfilling could help in keep self esteem and motivation up during the reinsertion, creating a positive synergy.

1.4 Key challenges in the social reinsertion for San Patrignano residents

Some of the elements that emerged from the experience of the former residents of San Patrignano that led them to high risk situation and eventually relapse, are connected to daily life struggles. San Patrignano's social reintegration experts identified the following as some of the key challenges for a successful social reintegration in the long run, being conscious that each individual has a different reaction and resilience to external factors and life changes, so that they can be more or less affected by these challenges:

Handling money and be self-sufficient. Being able to wisely administer each one resources it is a struggle in itself. Due to the economic crisis that hit Europe in the last year, some areas of the job market are less receptive that they used to be. Therefore work instability and money shortage, could lead to some economical problems that are counterproductive for recovered users. Furthermore, accepting low range salaries to escape unemployment could undermine their independence, putting their reintegration at risk.

Avoiding high risk environment and false friends. Coming out from the community former residents are encouraged to avoid places they used to visit while addicts, and also not to reconnect with former friends from the drug use circle. Getting closer to places of drug dealing or use, might have an adverse effect on their social reintegration and eventually fuelling into the spiral of addiction and crime.

Keeping a balance among work and personal life, having a fulfilling life. Being able to handle the stress and frustration, but also enjoying the achievements and the challenges of each day, securing that life does not go out of balance is sometime very hard. Especially

after having spent years in the community environment being surrounded by a supportive peer-to-peer network and having constantly friends and mentors that have been there, once needed. Being alone and not feeling as useful as previously in the community could be an additional struggle.

Find a partner who understand and share emotion and understanding about the addiction past

Closely connected to the point above, finding emotional stability is also crucially important in the social reintegration. Getting involved in romantic relation with a current drug user could lead to relapse in addiction and crime, and for some people could mean undermining several years of recovery path. On the contrary, founding a recovered addict as new life partner or a person with high social sensitivity could lead to a life long fulfilling relation that encourages and supports long lasting reintegration. Highly educated and highly sensitive people are more likely not to be affected by any stigma about the past of addiction, and could stimulate the personal and professional growth of the beloved one in a truly beneficiary way.

CEIS ROME

Centro Italiano di Solidarietà don Mario Picchi (Don Mario Picchi Italian Solidarity Center, also known as “CeIS”) is a free non-governmental association, which started operating at the end of the 60s, and legally founded in 1971. CeIS, although known in Italy and throughout the world for having devoted most of his activities to the treatment and rehabilitation of people with problems related to drug use, has been gradually extending its range of interventions, especially in the first years of the third millennium, to other realities of economic, social and cultural hardship.

CeIS therapeutic community was defined as a multi-functional organization that aims at re-socializing marginalized and drug-addicted people. The philosophy, which took the name of the Human Project (Progetto Uomo), gradually changed from the North-American model, increasingly centered on the characteristics of Italian society.

All services offered by CeIS are free. Users and their families are not charged a fee in cash or other form to be accepted, included and followed in any program or structure of CeIS. Gratuity is a basic principle that makes relationships with users more authentic and genuine.

1.5 CeIS Rome’s work on social reintegration

For CeIS, Social Reintegration is considered as an unavoidable segment of the recovery program, during which the user works on a wide spectrum of socialization agencies, such as workplace, housing, free-time, family re-building and relationships, etc., through empowering social skills in a challenging environment. As the user is an active part of the program, he is also capable of autonomous decision-making and able to self-support his future life as productive member of society.

Undoubtedly, social reintegration plays a crucial role in the CeIS recovery process, which is oriented to autonomy seeking. CeIS’s focus is on methods and tools that reintegration services can provide to staff and users, working on the so called the double key. The double key approach has been presented extensively in the Triple R Manual on Rehabilitation, and it is available there for any further reference. In a nutshell, the double key methodology aims at:

- reinforcing the behaviors on one side; and
- strengthening the ethical space on the other side through ethic-ability empowerment, in order to do the right thing and to be convinced that it is the right thing to be done, even outside a protected environment.

1.6 Methodology and target groups.

There are tools related to risk management approach, which are still poorly tested in reintegration services, often oriented to an excessive psychological workload on recovering users. CeIS refers to risk analysis and risk management and to all those instruments that, in order to define the autonomy, focus their attention to the risks linked to the loss of autonomy.

In a process of risk analysis, a group leader which is in charge of a recovering user (or group of users), that CeIS will call case manager in strict cooperation with the user himself and , eventually, a group of peers, will map both risk behaviors directly related to drug abuse and other so-called deviant behaviors, including decision-making processes, as well as risk factors linked to relational dynamics; even the risk factors linked to so-called socialization agencies such as the family or the working environment.

Putting these elements under an in-depth analysis, or diagnosis, the case manager and the client will identify the areas where there could be particular vulnerabilities. This analysis will then be the basis for building a process to increase the resilience of the users in respect of the

above vulnerabilities. The answers, as a rule, consist of behavioral standards of risk mitigation, which can be mastered through a specific training.

Risk identification is a process of research, identification and description of the risk. The identification objective is to generate a list of events that may have a negative impact on the recovering user. In this phase, the case manager, together with the client, must identify the sources of the risk of autonomy loss (risk of relapse and / or risks related to a path incompatible with the autonomy), the size of the impact, the causes and consequences of the events, occurring in both residential and non-residential phase.

It is important that the case manager figures out the risks associated, in particular, to the so-called socialization agencies. They are entities, places,

institutions, groups which users learn (or re-learn) to cope with and develop social rules: family, work or school, peer group and the context of the therapeutic program, any other social contexts where significant socialization processes occur. In the residential phase, this analysis must be carried out mainly on the peer group and on the context of the therapeutic program. In the first phase of reintegration which is residential, however, the risk identification should be completed by inserting the other socialization agencies in preparation for exiting the community and move to the non-residential phase.

The mapping should consider all the relational dynamics in which the user is potentially inserted, as indicated by the example in the following table.

Socialization agencies and mapping of the dynamics

Socialization agencies	Not exhaustive list of socialization dynamics related to:
Program	<ul style="list-style-type: none"> • relationship with the case manager • relationship in the work sector • organization of work • organization of free time • etc.
Peers group	<ul style="list-style-type: none"> • acceptance within the peers group • autonomy from the peers group • relationship with leadership • relationship with followers • etc.
Family	<ul style="list-style-type: none"> • relationship with the family of origin • relationship with partner • relationship with children • etc.
Work / school	<ul style="list-style-type: none"> • relationship with employer / teacher • relationship with employees • relationship with customers • etc.
Other social contexts	<ul style="list-style-type: none"> • relationship with friends in free time • etc.

Socialization agencies and mapping of the dynamics

The identification of the autonomy loss events consists in the search, identification and description of the behaviors that may occur within the mapped relational dynamics. It is, therefore, a time intense activity that has to be managed by case managers, with the possible support of other internal and external figures in the program (family psychologists, social workers, peer group, family, partners, friends, employers, etc.). Case managers should always include users in this process.

The results of the risk identification phase should be summarized in a risk registry for each individual client, a list of autonomy loss events that might occur along the way. The risk registry provides an overview of the risk profile.

Then, the risk management becomes specific and selective. The case manager must choose which events of loss of autonomy is necessary to prevent, for example, in a residential phase and which in the non residential phase and begin to define a risk treatment plan.

The risk treatment plan contains a set of behavioral standards that the recovering user must observe. Standards can be considered as behavioral cages that determine an external control and that, even in the absence of ethical behavioral understanding to hold to, protect recovering users from situations that could cause the interruption of the path to autonomy.

1.7 Lessons learnt from the implementation of social reintegration programs at CelS Rome

How to set up a challenging environment

The cage built through the behavioral standards is effective especially at the beginning of the reintegration phase. Thus, out of Community, the recovering user is still protected and protects the environment in which he decides to live while developing his or her own path. This external regulation will lead the recovering users to experience sobriety in real life after a longer or shorter period of addiction and the period in community. It is a crucial moment in which he or she will face new challenges, new decisions to be taken, and the client is not used to weigh the implications of his/her own choices.

The recovering user will probably struggle in managing the so-called procrastination of positive effects of a decision, experiencing difficulty in choosing an action that will produce positive effects only in the medium to long term, while causing short-term challenges. One of

the characteristics of addiction is the inability of thinking at the long term; attitude exacerbated by the intake of drugs that generates immediate effects and foster a life path based on the *here and now* model. When a recovering user leaves the community, faces social reintegration experiencing old and new dynamics.

Even at this stage the behavioral cages are crucial to protect recovering users. But, even more, the client will be challenged to make decisions and to manage new situations that are exclusively a personal choice.

The CelS program, therefore, supports recovering users and provides a deep understanding of the new choices the client has to make. Therefore the program provides space and time for recovering users to raise and discuss the ethical dilemmas that arise in the course of daily life within the new context of the reintegration phase, to recognize the individual and social implications of these and to examine all elements, technically called curvature, that influence in the decision-making process.

Support to comply with behavioral standards and supervision through ethical dilemma

The definition of behavioral standards is directly related to the risk analysis. The risk analysis defines the behavioral standards in the same way the need analysis elaborate on the actions of a project.

Therefore, the so-called behavioral cage is structured around the definition of predetermined rules and of the ad hoc rules. The behavioral cage is also closed in order to protect the recovering user, through the behavioral standards that aim to mitigate the identified risks.

For example, if, following the risk analysis, a risk factor is associated with a cohabitation in destructive family dynamics undermining the research of autonomy or its consolidation, the application of the behavioral standards protective function could be implemented by putting in place all the appropriate behaviors to stay away from these dynamics. A concrete example could be organizing time in order to stay away as much as possible from the negative dynamics. Furthermore, always sharing information on the situation in the family setting with the staff or the peer members of the group, it could be helpful to cope with it.

The recovering user is using compliance, while adapting to the expected behavior on the reintegration phase. Compliance could be the suspension of a specific relationship putting high risk on autonomy loss.

Behavioral standards are normally discussed within the group and validated by the case manager in concordance with the recovering user. On the basis of the selected standards, an ad hoc training should be provided. During these sessions, recovering users

should associate to each risk factor one or more behavioral standards, with the aim of mitigating the probability that an event of autonomy loss could occur.

Within this training, particular attention is paid to the leisure or quality time, improving planning capacity, since these two elements are transversal to any behavioral standards.

In the social reintegration phase, there is the opportunity to learn from the mistakes of the others, analyzing and discussing personal experience in a group. In an ethically oriented reintegration recovering users feel free to raise ethical issues without the fear of being victimized.

The supervision group sessions are an example of this, being aimed at the discussion of the ethical dilemmas. The ethical dilemmas are situations where values and rules are in conflict and where a choice must be made between different options. The objective of the supervision is to recognize that such situations are inevitable, and so it is the ethical dilemma. However, recovering users also realize that they are not alone when they face these dilemma, but have been equipped with techniques and guidelines on how to deal with these situations.

Typically, these techniques also include an ethical decision-making model. Ideally, the training also has an additional effect. It is thought that the discussion under the guidance of a facilitator on ethical dilemmas between recovering users increases the likelihood that these situations and problems will be discussed openly in the future. When recovering users will find themselves outside the protection constituted by the behavioral cages, they will be able to create a culture of open communication, and count on the supportive ethical behavior.

A continuous exercise of building, re-shaping or maintaining of the ethical space is the decisive factor in reaching full autonomy.

1.8 Key challenges in the CelS Rome's social reintegration program

The effectiveness of rules and behavioral standards in social reintegration

In the reintegration phase much more than in the community treatment, it is important that the staff learns about the importance of defining and co-determining rules and how these two elements should come to life through a process of listening and participation.

In the reintegration phase social control is limited and time plays a crucial role for recovering in gradually reaching more and more autonomy.

- **Defining a rule** means that there is a formal adoption of a rule of conduct, with universal value that should not be changed. They are considered basic rules. For example in the therapeutic program, defined rules are the following: do not use drugs, do not gamble, do not have sex within the group of peers, do not behave in a violent or threatening way, do not steal, do not perform criminal activities, do not abandon the program without a confrontation with the staff and do share information on rules violation.
- **Co-determining a rule** means adapting a rule to a particular context, or particular time. It is a common and shared decision, and the stakeholders (staff, peers, recovering users) agree on the necessity of adopting a specific behavior rather than another, and agree also on observing and enforcing the co-determined rule. The involvement of all stakeholders in the program is essential in co-determining and validating the rule.

The problems that may arise from a failure in the determination or co-determination of the rules are represented by:

- **the risk of irrelevance of rules** that could emphasize marginal aspects compared to the new contexts experiencing in the social reintegration. The recovering users graduated from the community program and they should no longer take the rules as a state of fact but they should be able to understand and adhere to a rule in a coherent and independent way; and
- **the diminished sense** of adhering at the rules, in the absence of participatory codification experienced in the community program, for the recovering users in the reintegration phase, the sense of belonging to those rules is minimized. Rather than being perceived as necessary and appropriate because considered relevant, the rules become another burden to bear.

In the reintegration phase, there are defined basic rules, making the reinsertion sustainable and protecting users in time and in space, and there are rules that could be co-determined on an ongoing basis with recovering users because they make reference to a specific momentum.

New co-determined behavioral standards will be added to the defined basic rules in the reintegration phase. These standards might come out from risk management and apply to both individual recovering users as well as small group of recovering users, according to the needs identified in risk analysis. Or maybe, they will come as results of an ethical dilemma session, in which recovering users identified a specific vulnerability and ways to address it.

CHAPTER 2

THE SPANISH EXPERIENCE. DIANOVA SPAIN

2.1 Dianova's work on social reintegration

2.2 Methodology and target groups

2.3 Lesson learnt from the implementation of social reintegration programs in Dianova

2.4 Key challenges in social reintegration

DIANOVA SPAIN

Asociación Dianova España was founded in 1982. Dianova, at its very first stages, was focused on prevention and treatment of problems related to interpersonal relations addictive behaviors and behavioral disorders. Due to Dianova's extensive experience with youngsters the organization carries out different programs focused on:

- social Inclusion;
- educational programs to prevent violence in secondary schools;
- gender Equality for teachers, family and youth;
- family intervention;
- psychological assistance -Teachers' training on emotional and relational learning;
- trainings for job seeking;
- soft skills development for empowerment and employability for youngster at risk of social exclusion; and
- immigrants in need of protection and shelter.

The Dianova network operates in 11 countries of Europe and the Americas; it is composed by non-profit, independent organizations that are dedicated to developing innovative initiatives and programs in the fields of education, youth, addiction treatment and prevention, as well as in the area of "citizens' initiatives" towards a more sustainable social development.

The Dianova Network does not utilize a specific intervention approach but recommends a variety of methods and means, the objective of which is to help people adopt healthier lifestyles and to promote self-reliant communities. Implementation methodologies may vary, depending on people and community needs, including residential or outpatient settings, onsite and outreach interventions, among others.

2.1 Dianova's work on social reintegration

The global objectives in Dianova's social reinsertion programs are:

- preparing people who have drug dependences or addictive behaviors disorder for their release and return to society;
- providing a holistic recovery program including medical, psychiatric, psychological, social support;
- offering a social integration process after long-term recovery treatment;
- supporting clients in achieving an optimum level of autonomy, upon completion of a long-term recovery treatment;
- providing psychosocial support, in recovery treatment and after that; and
- offering counseling and assistance sharing useful information and providing operative training.

The Dianova framework program would be structured in different phases. There will be 3 stages, with different activities in specific moments. The general stages are:

- 1st Evaluation: motivation, psychological assessment, and basic modification of behaviors.
- 2nd Therapy: cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, and psychodynamic techniques.
- 3rd Autonomy: sustainable livelihoods and relapse prevention.

The last phase, Autonomy, is the largest one, and will be implemented during a maximum of nine months. The three phases have a chronological order, but any beneficiaries could start the therapeutic process in the phase of emotional training or autonomy, according to clients' psychophysical situation.

Within this service continuum, providers will offer seven core services to address their needs, including the following services:

- 1) basic necessities
- 2) physical health care
- 4) mental health care
- 5) legal advocacy
- 6) job and life skills training (for sustainable livelihoods)
- 7) in aftercare service delivery, providers will:
 - begin with a comprehensive needs assessment;
 - continually work to ensure safety and confidentiality for people in treatment;
 - use informed care practices;
 - provide comprehensive care management; and
 - provide culturally appropriate services.

Dianova can identify 3 different moments for a **successful social reinsertion:**

- undertaking a personal analysis and identification of goals and objectives;
- achieving personal and social change of lifestyle; and
- preparing the individual strengthening personal autonomy and sustainable livelihood opportunities.

Autonomy is the stage that will validate the efficacy of the treatment. Using the Personal action plan as a guide, Dianova's counselors have to design an itinerary for social reintegration of the people in treatment. Special consideration is given to relapse prevention avoiding the revolving door effect, which is very common for drug users with long-term addiction and having experienced several treatments. During this phase, beneficiaries will be offered to continue with their individual psychological treatment, when needed, and could continue their participation in the group meetings and workshops.

In this phase, the importance of the Personal Action Plan as an **Individual Itinerary of Integration(III)** is accentuated in order to obtain the maximum degree of independence and integration. In the case of beneficiaries who present a particular employment situation, such as those who receive a full permanent disability pension, the approach should be different. There is a need to motivate them to find some activity to do every week and make a commitment with themselves to carry out this chosen activity. In this situation, the goal is to link the beneficiary to a series of activities that keep him/her busy, and make him feel productive. These types of activities are mainly volunteering with local network entities, art therapy workshops, languages courses and other workshops that may be of interest to the person. The objective is to encourage the beneficiaries to carry out their activities from day to day and recover the feeling of productive use of their time.

Individual Itinerary of Integration (III)

The aim of the **Individual Itinerary of Integration (III)** is to support the socio-economic inclusion of the beneficiaries in the Spanish society, and being competitive in the labor market.

The III mainly consists of collecting relevant information on the social and labor background of the beneficiary, taking into account their educational level, age, family situation, working life, employability and social resource. This information is collected to produce a series of action plans in different areas in order to promote social and employment integration, either as an employee or self-employed.

The idea is to detect, define and organize the types of trainings and employments that the beneficiaries should be looking for, establishing complete information. This could be an individual action or developed through work groups.

The elaboration steps of the III are the following:

1-Diagnostics of employability. Information collected on a preliminary diagnosis of employability is developed, which are analyzed and present systematized elements to be further evaluate. An interview with the beneficiary would be undertaken, addressing the following topics: skills, motivations, fears, availability to be employed or to start training, personal information and professional qualifications, etc. All the information collected will be matched with the client background and expertise.

2-Labor information and counseling. At the same time of the diagnostics of employability, the client will be assisted by a job counsellor, working on the following areas: rights and responsibilities, tools of jobs research, jobs research skills, knowledge of the social context, jobs and educational opportunities, etc. Finally, the methodology includes the knowledge and constant update of the local events and initiatives, social resources about inclusion, and a network of stakeholders in the job seeking and job market at large.

3-The itinerary plan. Part of the program is dedicated to drafting, reviewing and evaluating the itinerary of integration. In practice, a document would be drafted, containing the action plan and agreement signed by both the beneficiary and the staff, elaborating on the details of the reintegration goals and activities to be undertaken and the timing for them. The results of the plan will be evaluated, and revised or reformulated, if needed, to introduce new objectives and actions. Throughout this process, the beneficiary is the main stakeholder, taking the decisions, with the advice of the counseling team. There is a relationship of mutual trust

between the beneficiary and the counselors.

In order to achieve the objectives of the reintegration plan, a sequence of actions would be planned: introduction to labor, pre-employment training and vocational training; support and monitoring; motivational enhancement and job placement.

The importance of an intercultural approach

All the above-mentioned techniques must be implemented being aware of the individual beneficiary, taking into account the origin and the cultural patterns of the patient. Ethnicity can affect how individuals seek assistance, define their problems, attribute psychological difficulties, and perceive future recovery options.

Dianova Treatment managers and other managers receive training to ensure that they interpret policy documents and guidance appropriately and that management decisions are consistent.

Staff involved in intervention delivery needs the required skills and competencies for their role. Depending on the interventions to be delivered the staff training might also include:

- introduction to counselling skills;
- theories and models of intervention;
- assessment skills;
- care planning skills;
- working with diversity;
- motivational interviewing; and
- relapse prevention/revolving door prevention.

2.2 Methodology and target groups.

Individual and group formats

Both formats can be implemented in Dianova interventions, but for social reintegration program is more significant individual format. However, group format is highly preferred for the information sessions and workshops, while individual sessions are highly preferred for therapy activities, especially to increase the confidentiality and professional secrecy.

Although the psychologist and or social worker, after a previous assessment, will decide when it is recommendable to complete the group format with some individual sessions; depending on the characteristics of each beneficiary, their evolution and the risk can be presented. A maximum of 12 participants per group is proposed, especially if self-reflection activities are planned.

Individual and group methodology: tools and technics, bio-psychosocial model

In addition to the usual group activities of therapeutic community model, as assemblies and meetings, in Dianova's recovery and rehabilitation program there are several group activities, based on bio-psychosocial model, to increase the efficacy and pertinence of the intervention. Individual intervention will be parallel to the group therapy. Those interventions consist of increasing healthy habits needed for an effective individual training.

Emotional management

Workshops are based on emotional management, social skills and self-esteem through meditation (static and in movement), art therapy, cognitive therapy and organized free time. The cornerstone of these group meetings will be to introduce intercultural and gender equality values in each session. Among them there are workshops about health promotion, relapse prevention & overdose risk intervention, motivation, adaptation to community structure.

Working on the emotional control of violence and conflicts meetings, the open group is the main option. In order to achieve a greater group cohesion, the closed group mode is generally chosen, and this facilitates therapeutic work. However, it's possible to have a combination of closed group and open group, to increase the efficacy of intervention.

Multidisciplinary approach

Dianova's recovery, rehabilitation and social reintegration program works developing all over individual or group therapy, counseling, psychological and psychotherapeutic treatment. The methodology of work is based on a multidisciplinary program with different evidence-based techniques. At the same time, basic needs will be addressed, mental and physical assistance will be provided, and empowerment training will be offered with the aim of fostering social integration skills for the clients in treatment.

Integral rehabilitation

The method of implementation of the intervention program is based on an integral rehabilitation: the focus is to address mental health and social integration together. In fact, using acceptance and commitment the therapy perspective is to work on psychosocial factors of health for the social reintegration of residents.

Basic approaches of the program are Mindfulness-based stress reduction and Cognitive Rehabilitation applied to decision-making processes.

Relapse Prevention

The relapse prevention model (RP) proposed by Marlatt and Gordon suggests that both immediate determinants (e.g., high-risk situations, coping skills, outcome expectancies, and the abstinence violation effect) and covert antecedents (e.g., lifestyle factors and urges and cravings) can contribute to relapse. The RP model also incorporates numerous specific and global intervention strategies that allow therapist and client to address each step of the relapse process. Dianova's specific interventions include identifying specific high-risk situations for each client and enhancing the client's skills for coping with those situations, increasing the client's self-efficacy, eliminating myths regarding alcohol's effects, managing lapses, and restructuring the client's perceptions of the relapse process. Global strategies comprise balancing the client's lifestyle and helping him or her to develop positive life styles, employing stimulus control techniques and urge management techniques, and developing relapse road maps.

Overdose prevention program

The overdose epidemic is a major threat to the public's health, resulting in the development and implementation of a variety of strategies to reduce fatal overdose.

The Dianova program for prevention of overdose is based in international standards, modeled after the suggestion of the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the United States Substance Abuse and Mental Health Administration (SAMHSA).

Dianova overdose prevention program operates according to the following intertwined actions:

Action 1. Encouraging providers, persons at high risk, family members and others to learn how to prevent and manage overdose. Providers should be encouraged to keep their knowledge up-to date about evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.

Action 2. Ensuring access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders. Effective treatment of substance use disorders can reduce the risk of overdose and help overdose survivors attain a healthier life.

The social reintegration program activities

Leisure activities help developing skills and knowledge that lead to healthy lifestyles, a functional family and overall positive social relations.

Participating in cultural and recreational activities such as sports, handicraft workshops, and group excursions is an important aspect of the process of treatment, rehabilitation and social reintegration of drug dependent persons.

These activities contribute to a comprehensive education offered to persons in recovery. Actions to promote this outcome are implemented according to the following steps:

- making an initial assessment and identification of clients' preferences, skills, and needs that can help develop a leisure time plan during rehabilitation;
- establishing and implementing group activities to support the development of social skills facilitating the rehabilitation process;
- securing trained staff to lead recreational, cultural, and sport activities that contribute to a harmonious socialization; and
- monitoring leisure time activities, designed through mutual agreement between the therapeutic team and the person in rehabilitation, since it allows assessing treatment outcomes and reacting in a timely manner should problems occur.

In Dianova's program, every activity is organized, under the coordination of an educator, following a direct proposal of beneficiaries about how they would like to use their time. The planning of these leisure activities is undertaken as part of the Dianova weekly schedule. It is a continuous effort and is subject of a never-ending improvement.

Peer-based support is a necessary step for people in the rehabilitation and social reintegration phase. The beneficiaries might be going through a transition period in their lives that requires changes in social behaviors and roles. During this period clients may feel insecure, fearful, and anxious, and such feelings may increase the risk of relapse. While facing uncertainty, it is important to have positive life strategies that may include self-help, peer group, or tutoring groups support. Support groups may act as positive mirrors, generate confidence, and offer support in times of crises.

Employment is a big issue for people with an addiction past. Many persons with long years of drug dependence have had difficulties in finding jobs, and unemployment is usually one of the major reasons for relapses. For this reason, they need additional support

and guidance in reintegrating themselves into the job market. The following initiatives, when integrated into a drug dependence treatment and rehabilitation program, can positively contribute to recovery outcomes, when current market needs are taken into account:

- employment counseling, including job seeking training and rapid job placement; and
- development of vocational skills.

Responsibilities. The therapeutic program provides the recovering addicts with a space to work on personal capacities, developing individual objectives and training them in new skills. It is essential that the beneficiary learn how to deal with progressive level of responsibility, decision making, conflict resolution, planning of activities and monitoring a week-work schedule.

Activities with the family of origin. Terminating the residential program in the community, the beneficiaries got the possibility to practice skills learned in program, with the support of their families as contingency managers. This activity is supervised by the staff, which provides training and feedback to the families about their performance.

Risk prevention programs. This initiative consists in an early intervention in risks and crisis program to prevent major problems after the reintegration to society. It includes program of overdose preventions of Generalitat de Catalunya.

Vocational skills. Acquiring occupational and vocational skills builds self-consciousness and self-esteem. Work supports the creation of individual and social participation and responsibility. Some of the positive outcomes of acquiring marketable vocational skills and involvement in productive activities are experiencing higher levels of satisfaction and security, reducing the risk of relapse. The following steps are organized in the Dianova model:

- making vocational assessment and counseling services part of rehabilitation and social reintegration programs aimed at the creation of sustainable livelihoods;
- developing the vocational component of the program and embedding it into the treatment and rehabilitation plan, based on the client's initial assessment;
- conduct a market analysis to identify current needs for skills and products;
- making vocational training responsive to market needs;
- adapting and renewing vocational support and

counseling services to respond to technology and market changes, in order to enhance sales options for the program products and services; and

- making simple and easy-to-manufacture products that are useful, have low production costs, and easy accessible market.

Social skills workshop. Particular attention is devoted also to the social component of the program. In this workshop, social skills are to be elaborated following a dynamic methodology, with role playing and inter-social techniques, focused in awakening emotional abilities, decisions making, conflict resolution, and verbal-non verbal behaviors.

2.3 Lesson learnt from the implementation of social reintegration programs in Dianova.

In Dianova's experience, key elements to achieve a successful social reintegration for people who have done the rehabilitation program are the following:

Family support. Dianova's experience suggests that it's very difficult to achieve social reintegration without this kind of help. Some kind of primary social structure support, ideally family, it is able to facilitate social reintegration. In the absence of it, alternative family options could be explored.

Social network: it's necessary the presence of social support to achieve reintegration objectives. Friends, colleagues, neighbors are necessary stakeholders for a person who has been in a drug treatment.

Leisure time: it's necessary to manage leisure time and free time without formal activities, especially to prevent relapses and crisis. For a recovering addict, it's very important to avoid the so-called dead moments, that could trigger the habit.

Relapse prevention and crisis management: the recovery program sometime is transformational and the person completing treatment might be very different from the users they once were. Therefore sometimes, there is a gap between the image the family had and the reality of the recovering addict. There are moments of frustration and isolation. It is necessary to prepare the beneficiaries to face these situations.

2.4 Key challenges in social reinsertion for Dianova's clients

The main challenge experienced in social reintegration for the beneficiary is **finding a job**. Spanish economy was hit particularly hard by the financial crisis. After severe austerity measures have been implemented in recent years to contain a strong public debt increase, first signs of economic recovery are emerging. However, very few measures to soften the social consequences have been enacted. Spain scores second to last in the Labor Market Access dimension of the Social Justice Index 2015, with the greatest deterioration among all EU countries compared to 2008. According to the Reform Barometer 2015, the quality of labor market reforms in Spain ranks last in the EU. With economic recovery gaining momentum, high priority should be given to ameliorating labor market access through higher education improvement, professional training, investments into research and development and promotion of high added-value industries.

Currently, unemployment rate is over 22% in general population, over 50% in young population. For a recovering drug user, without specific formation and having experienced years of unemployment, is very difficult to achieve a complete social reintegration in the job market and social activities.

CHAPTER 3

THE SWEDISH EXPERIENCE. BASTA

3.1 Basta's work on social reintegration

3.2 Methodology and target groups

3.3 Lessons learnt from the implementation of social reintegration programs at Basta

3.4 Key challenges in social reintegration in the Basta model

BASTA

Basta is a Swedish user-run social enterprise started in 1994. The organization offers drug rehabilitation to those wanting to leave drug abuse, often long-term drug abuse. At Basta there are no therapists, doctors, or nurses. The tool for leaving abuse is the interlinked process of empowerment and real work. Basta is a user-run social enterprise, which means that, both in theory and in practice, power and influence over different activities rest with the people who earlier were socially excluded due to heavy drug abuse. Almost all the positions on the board and in the management team are held by people who themselves have gone through their rehabilitation at Basta.

Basta, started in 1994 with a group of five people and has today grown into becoming a Basta group with activities both around Stockholm and in the west of Sweden. Basta is a non-profit association where all profit is reinvested each year in order to continually develop the social enterprise and to offer support to more people leaving drugs. Today, the turnover is about 5.5 Million €, and about 120 people work at Basta.

Basta lives off selling goods and services that are produced at Basta. If Basta makes a deficit it heavily affects Basta, and if Basta makes a profit it means that additional money can be reinvested in helping people find a new platform in life. About 50 % of Basta's turnover comes from selling rehabilitation services for one year, paid by the public sector. And the other 50 % of the turnover comes from selling goods and services produced at Basta. The different business activities range from carpentry, graffiti removal, construction, bed & breakfast, to running a big stable where Basta sells

services like horse back riding and riding courses for children.

3.1 Basta's work on social reintegration

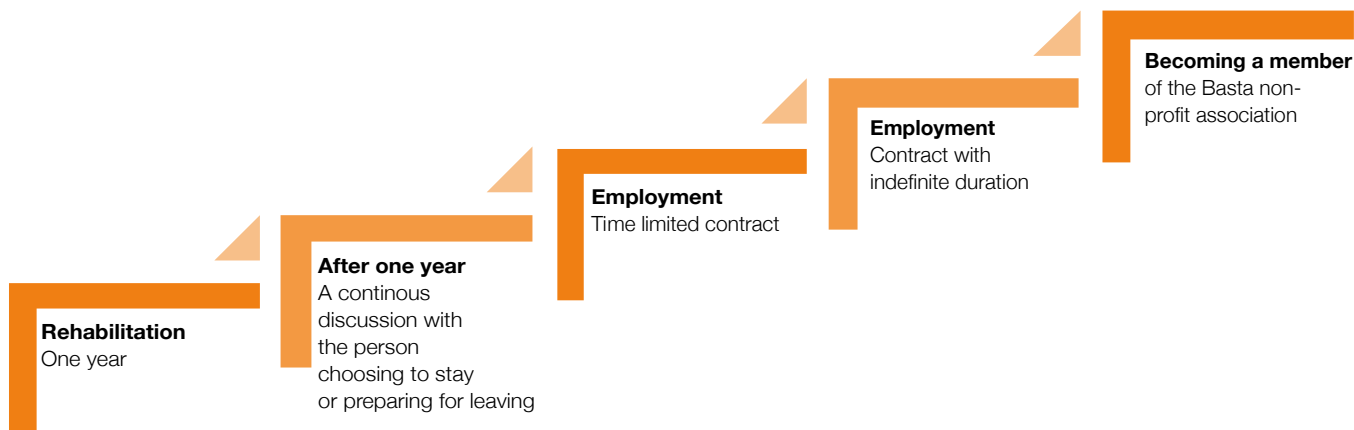
At Basta the social reintegration plan is built into the Basta model. It is not a separate process but interlinked and integrated in the process of recovery. The aim with Basta is not just to help residents to gain a drug free life; they also re-build their self-esteem and gain work experience, as a preparation for the next step in life. Through the tools and time spent at Basta the residents build a sustainable platform for social reintegration. The methodology used is explained below, but crucial is the interlinked process of empowerment and work.

As mentioned before social reintegration is not seen as a separate process that takes place before or after the rehabilitation program. In order for the rehabilitation and the social reintegration to be successful, the two processes need to be interlinked. In the Basta model they are not separated from each other, rather they are seen as a continuum. During the program at Basta, the residents have the chance to gradually assuming responsibilities, making a career within Basta, getting managerial functions in a work unit etc. These are all integral parts in Basta's rehabilitation program aimed at creating a sustainable recovery and social reintegration.

Basta's rehabilitation is one year, paid by the public sector, but after that first year there is no time limit. The resident could stay and make a career at Basta, in accordance with Basta. And as at any other company and work site, the recovering addict can choose to leave whenever he or she wants. They might decide to work for a year or two at Basta and then continue their

work life elsewhere. They could also stay and continue working at Basta, eventually getting an apartment or house outside the community premises, and commuting to work like most people do. The individual can choose within the Basta framework the solution that works best for himself or herself, and that it is what makes Basta special.

The Basta model entails five steps:



1 Rehabilitation - one year

The first year at Basta is the rehabilitation year. Either Social Services or the Criminal Justice System pays this year.

2 After one year

The second step could be one year or longer depending on the individual. Some people know from the beginning they want to make a career at Basta and then they need to be at least one year in this step before being employed. For some people, one year will not be enough and they will need more time in their rehabilitation process before taking a further step.

Lots of people want to return to their hometowns, and will leave Basta at some point. They do not want a career at Basta, but in order for them to create a sustainable platform for their life outside, they need time to further strengthen themselves in being drug free, and have more time to find work and an apartment. They can then use the Basta structure for their purposes.

All this means that for some people this step is 1 year and for some it is 2 years or more. The goal is always that people will find an employment, at Basta or elsewhere.

3 Employment - time limited contract:

If the person wants to stay at Basta (with the agreement of Basta), he/she will at first be offered a time-limited contract.

4 Employment - contract indefinite duration:

This fourth step is for those who want to stay at Basta and want to make a career in the social enterprise.

5 Becoming a member in the non-profit association

The last step in the Basta model foresees that the person will also become a member of the non-profit association. Being a member means that the person will be responsible to implement the philosophy and core values that permeate all Basta's activities.

3.2 Methodology and target groups

The target group at Basta is heavy drug users choosing a different path in life. They are adult men and women that want to leave drug and/or alcohol abuse. People who choose to come to Basta are often drug users living in the streets, predominantly a male group. This is reflected at Basta since about 80% of the population is men. The average age is about 41 years old, and average time in drug abuse is about 20 years. Average time spent in prison is 4 years.

The methodology used to strengthen the social reintegration is made up of tools that are at the same time used in the rehabilitation process.

Work experience & Training

The tool Basta uses for rehabilitation is work. Through work the recovering addict starts strengthening his or her self-esteem, and starts working on his or her own communication skills. A side effect of this, but a very important one, as part of the individual's social reintegration, is that he or she gains work experience. It is important to stress that it is real work. It is not occupational therapy where the aim is to let time pass.

The residents go to work everyday, which creates a structure to the day, something that is important since the life they are used before, often had no structure at all. New knowledge is acquired: there is a continuous learning from those who have been at the work site for a long time. Often formalized training is needed, according to the type of work. As kitchen staff, they will receive a course about hygiene in restaurants; for working with accounting there is a training course in tools for analysing cash flow; for working in the construction team there is a training in scaffolding or working with wet rooms. These courses are paid for by Basta and are part of strengthening the person's competence. Gradually, the person realizes that there is a change in his or her identity. They start thinking of themselves not just as former drug users, but also as individuals with a profession. Often they refer to themselves, using their profession "I am no longer a former drug user", "I am a carpenter", or "I am a horse breeder", or "I am a chef in the kitchen". The resident started being a carpenter from the day he/she started working in the carpentry, but the process of understanding and embracing the change of perspective often takes longer.

The work is carried out through small, organized groups, and everyone is always part of a work unit. It is important to mention that no one is working alone. Otherwise, no communication or rehabilitation would be possible. During the eight-hour working day there is a constant and informal training in communication. In addition to that, there is the fact that Basta is a user run organization and that creates a highly motivating environment. People that have done the same journey they are currently undertaking surround the residents. Seeing them in leadership positions, it is the living validation of the success of the Basta program.

Employment

At Basta the residents can choose to make a career. Even if their personal aim is to finally leave Basta, they have the possibility to make a career. In Basta, all profitable units are responsible for their own budget, their staff, their costs, and their marketing. As a newcomer, the resident can grow into being a work leader or the head of the unit. As head of the profit unit, he or she will also have monthly meetings together with all the other heads of units and the Basta CEO going over the budget of the unit, the work ahead, highlighting further needs, such as extra budget, extra staff.

As part of this career move, the resident can also be employed at Basta. At first, Basta offers a time limited contract as a trial period. If all goes well and the person wants to stay and continue working at Basta, the next contract will be an indefinite duration contract. All contracts follow Swedish union's regulations and salary norms.

Housing

When a newcomer comes to Basta, he or she is immediately part of the community. The housing facilities during the first year are always individual rooms with shared bathrooms and shared living rooms. There is no possibility to cook food and having meals separately from the others, since eating together in the Basta canteen is part of the recovery process. As time passes and the rehabilitation year comes to an end, the individual has the opportunity to move on and have his or her own place to stay.

At Basta there are apartments for rent. These apartments are for people that have gone through their rehabilitation, have become employed, and thus have a salary. When staying in one of the apartments, the person will pay rent and doing his or her own grocery shopping and cooking. There is also the option of having breakfast, lunch, and/or dinner in the Basta canteen, upon payment of the meals. This also motivates people to do their own cooking, since cooking is always cheaper than eating out.

After their first year, people can also choose to live outside the Basta premises, but still work at Basta. In case they are facing some difficulty in signing a rental contract due to previous debts accumulated as addicts, and as many landlords refuse or are hesitant to rent apartments to people with insufficient financial credentials, Basta itself has rented some apartments in the nearby town, that are available to sub-rent for people wanting to live outside of Basta's premises.

Free time

Free time, or leisure time, is one of the biggest challenges in social reintegration. At Basta the residents are surrounded by the community, by fellows that have chosen a drug free life and who share the same experience. When moving back to their hometown, recovering drug addicts might often find themselves alone, as many of their old friends are still using drugs. A person that completed a program at Basta might have found a job and an apartment, but still facing the void, when coming back to an empty house after work. Often relapses take place during the lonely hours after work.

In order to prepare the people at Basta for their life outside, there are no scheduled free time activities. As part of their empowerment journey, the residents need to take responsibility for their own free time after work and during weekends.

During the first year at Basta, money is set aside for each resident each month so that he or she can use it to go out seeing a movie together with a mentor, a concert, or have dinner out. People are encouraged to mobilize themselves. If someone wants to go swimming he or she is encouraged to put up a note on the board to ask if more people want to come. Each event outside must be planned: what time, what does it cost, what are the opening hours. The rehabilitation team then arranges for a bus and a driver and also pays the entrance fee. The same goes for bowling or soccer. Sometimes yoga classes, English classes, or art classes are arranged, but it is important that there is an expressed wish for these activities, otherwise it is fun maybe one or two times and then nobody shows up.

Health & dental care

The people that come to Basta often have health issues related their addiction. They might have contracted HIV, or hepatitis, or have physical problem that require medical care. At Basta the residents are encouraged to undertake medical tests and to see a doctor.

Almost 100 % of the people that come to Basta have dental problem. Having healthy teeth is essential for socializing and also for self-esteem. At Basta residents could get dentist appointments, and if major works are required, Basta supports the residents in contacting the social services for extra financing. In case no other sources of financing are available, Basta will also pays for some of the dental care.

Driver's license

Often Basta's residents have lost their driving licence for infractions connected to their past addiction. In some cases, they might have never got the chance of getting one in the first place. Since the first year of rehabilitation at Basta, recovering addicts can apply to the authorities to get back their driver's license. Normally, it is compulsory to be drug tested for a period of time, to demonstrate the drug free condition. After this trial period, the recovering addicts can formally start the process of taking a driver's license. This process is quite costly in Sweden, and in many cases Basta pays for it, since having a driver's license is often a prerequisite for many jobs.

Debts

Many residents have debts after a life in drug abuse. As part of the social reintegration process, Basta encourages people to contact the authorities to check on the real amount of these debts. In Sweden there is no such thing as a personal bankruptcy, so the debts would not expire, but rather remain until they are either paid or written off. Basta supports the residents in this work that is essential to build a better future.

Rainbow Quality System (RQS)

Basta has a quality system, called the Rainbow Quality System (RQS). In this quality system there are questions to be asked to the residents on a regular basis. The aim of the questions is to gather information for the individual himself or herself, so they can later on go back and see the achievements they have made. At the end of the rehabilitation year, after about 10 months, many of the questions focus on the future and the plans after finishing the rehabilitation. If the person wants to stay at Basta or leave, and how he or she plans to support himself or herself economically if leaving Basta.

These questions are asked in order to prepare the person for his or her life ahead. Planning for the future is an integral part of the Basta rehabilitation. It is important to stress that most people that finish their year at Basta also stay for another year or two, and that is the time that is needed in order to create a platform for successful social reintegration. Long-term drug abuse requires long-term rehabilitation.

3.3 Lessons learnt from the implementation of the social reintegration programs at Basta

Personal motivation

A key element for successful social reintegration in Basta's view is the personal motivation. In order to have that motivation, the resident needs to be at Basta by his or her own free will. Coming to Basta needs to be a personal choice and not the choice of the authorities, or the family of origin.

Empowerment

In the Basta model empowerment is the key. In order for successful rehabilitation, and social reintegration, to happen, it is important that the person goes through an empowerment process. Through the empowerment process, using the tools within the Basta framework, the individual regains lost self-esteem and grows. The process of feeling empowered is a very complex, internal process, which is different for each person. But the tools used for this process are often very practical and straightforward, such as providing work, continuous learning, a chance to make a career and to grow professionally, taking on responsibilities, getting a place to stay and having control over one's own life.

Time gives sustainability

Basta has seen that long-term drug abuse requires long-term rehabilitation. A year is not enough to gain full recovery, meaning being successful in the drug rehabilitation as well as building a platform for sustainable social reintegration. The Basta model gives residents time. After the first year of rehabilitation the person can stay and work at Basta. Statistical data at Basta has shown that those completing their first year stay on average another 3 years before they leave.

Social reintegration is embedded in the rehabilitation program

It is important to note that social reintegration is not seen as a separate process, taking part before or after the rehabilitation process. To gain full recovery and thus sustainable social reintegration, the process must be seen as part of the rehabilitation process.

3.4 Key challenges in social reintegration in the Basta model

Key challenges for successful reintegration are related to coping with the elements of everyday life once leaving the rehabilitation centre. In order to gain full recovery and thus sustainable social reintegration, the individual does not only need to be free from drugs but also strengthened in his/hers ability to cope with life. These life challenges might be different for each person and also depend on the person's strength to cope with them, and also the quality of the network that can be found around the person.

The main challenges identified by Basta are the following:

Work

Finding a meaningful work can be hard. Especially if there is a downturn in the economy and even highly educated and qualified people have difficulties in finding a job. This is indeed more difficult for recovering addicts.

Personal relations with family and friends

Interpersonal relations are a complex issue. Often old friends from previous life are still on drugs and the person find themselves quite isolated. In some cases, even the partner or family of origin are in the drug network, being a constant threat to the drug free life the Basta residents have chosen.

Housing

Many people that have a past of debts accumulated while using drugs. This makes social reintegration more difficult and presents a challenge to find an apartment for rent. Often landlords are hesitant to, or refuse to, rent to people with insufficient financial credentials.

CHAPTER 4

THE CROATIAN EXPERIENCE

STIJENA, INSTITUTE PULA AND SANPATRIGNANO ASSOCIATION SPLIT

STIJENA, THE ROCK

4.1 Introduction on Stijena

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SAN PATRIGNANO ASSOCIATION SPLIT

4.7 Introduction on San Patrignano Association Split

4.8 San Patrignano Association Split's work on social reintegration

The chapter presents an overview of the work done by the three Croatian partners in social reintegration. The organizations implement different approaches but all work toward a common goal: offering recovering addicts an opportunity for getting reinserting into society as positive members.

STIJENA, THE ROCK

4.1 Introduction on Stijena

The association Stijena, which in Croatian means the Rock, was founded in Zagreb in 2001. The full name of the organization is Christian center for help and rehabilitation of addicts and families Stijena. The Association has a strong Christian character and all members of the association are believers.

Stijena is known and recognized as a bridge, providing support to people who want to quit addiction, referring them to therapeutic communities and assisting them upon completion of the program. Since 2001 Stijena referred more than 400 to therapeutic community programs, and more than 90 people just in the last 4 years. Stijena works also as a liaison for people completing therapeutic program and getting social reinserted. Furthermore, Stijena has been working for 13 years with drug-addicted offenders in Croatian prisons.

The association currently has 6 employees and 5 of them are recovered users. Through the years it has been working with more than 35 people that are fully recovered today. In 2016 Stijena initiated a cooperation with the probation office in Zagreb with two staff persons working in the association during their probation period.

The organization has been working on many projects and participated in all significant conferences in the Republic of Croatia on the theme of drug addiction. Since 2014 Stijena has been board member of EURAD and had joined WFAD since 2015.

The main areas of work in Stijena are:

- prevention programs in primary and secondary schools;
- motivation building in hospital settings and on the street;
- counselling and visiting addicts in many prison around the Republic of Croatia;
- social reintegration program for ex-offender exiting prison and for graduates from rehabilitation programs in therapeutic community; and
- international outreach work as member of EURAD and World Federation against drug (WFAD), and since 2015 joining ECOSOC consultative status at the United Nations

4.2 Stijena's work on social integration

Stijena is actively working in the area of social reintegration since 2002, and regularly maintains the weekly public meetings every Monday at the premises of the local community. Since 2002, Stijena held over 700 meetings that were attended by over 2500 people.

Stijena advocates for full recovery from the abuse of drugs as a basic principle of its operation. Recovery is embedded in all interventions carried out by the association. Stijena considers each individual as special and unique, and tailors its work with its clients following an individual approach. Instead of using a set of intervention with predetermined goals, the programs are based on the needs and abilities of each recovering addict. A degree of flexibility is implemented in the duration of the program, as well as on the activities to be undertaken and the goals to be achieved. In Stijena's experience time is recognized to play important role in fostering recovery and social reintegration. Recovery is seen as a process made up by several stages, some of them overlapping in terms of timing: stabilization, abstinence, rehabilitation, and social reintegration. Stijena sees social reintegration as part of the recovery process. The first part is following the period of rehabilitation and the second part in which the recovering addict returns to society and starts the process of adjustment to an independent life. Social reintegration is seen as the last step on the road to recovery, and its natural end would be a moment or a time when the client has become socially responsible and independent, and no longer need for professional or institutional help. Such a person can be considered fully recovered.

Stijena's work on social reintegration started with the recovered addicts coming out of therapeutic community and enlarged to include also ex offenders exiting prison upon completion of their sentence. At the beginning it was mainly voluntary work, providing counseling and social assistance. After some time, a more systematic approach was needed in order to coordinate an intervention, due to the wide range of services that individuals in the phase of social reintegration require.

Stijena deals with the beneficiaries at a personal level, not just as a service provider, establishing an active support, developing personal interest for the clients and their wellbeing, and keeping in continuous contact with the clients and supporting the involvement in joint activities, giving recovering addicts a sense of belonging and helping them in setting life values and personal goals.

The FINAL CHALLENGE project

In 2007 the Republic of Croatia launched a project called **Social reintegration project for drug addicts**. The aim of this project was to provide governmental support mainly for education and to facilitate employment for recovering addicts exiting therapeutic communities or prison setting. Thanks to this project, Stijena could offer further opportunities to its clients and overall was a very good initiative for individuals and not for profit organizations at the national level. The government of Croatia with its Office for Narcotic Drug Abuse played a major role in making this important project fully supported and founded by the national government.

Based on this project and on Stijena's experience in working in several penitentiaries in the Republic of Croatia and with a number of therapeutic communities, the association identified some critical issues to be addressed and created an additional and more specific project for social reintegration, called the **FINAL CHALLENGE** project.

The following issues have been detected:

- insufficient availability of a variety of treatment options. The only existing interventions are therapeutic prison programs that are not responding to the need of full recovery nor properly prepare the inmates for social reintegration;
- short term oriented program that are missing the long term impact and goal planning for effective social reintegration goals;
- families and beloved one were often neglected in the rehabilitation and social reintegration programs; and
- lack of quality in the communication between prison authorities and therapeutic communities with NGOs working in the field of social reintegration.

The project LAST CHALLENGE is divided into two different phases:

Phase 1: Individual and group work in prison institutions

Stijena is working in the penitentiaries of Lepoglava, Glina, Turopolje and Požega and the prison hospital in Svetošimunska street, organizing group meetings, aiming at fostering the personal growth of the clients, strengthening their self-esteem and self-confidence, and fostering their motivation to continue their path towards treatment, rehabilitation and social reintegration through the adoption of healthy lifestyles.

The meetings take place once a week or twice a month for the duration of 2 hours, with the possibility of additional individual meetings with the clients. Stijena insists on the importance of the commitment to continuity through the whole year.

The first phase of the FINAL CHALLENGE project aims at:

- motivating users in establishing abstinence already in the early stages of treatment;
- preventing at risk behaviors for the duration of prison stay;
- preparing clients for the after prison period;
- strengthening personal capacities of clients and assisting them in planning the return to the environment from which they have come;
- referring clients with a relatively stable abstinence to social reintegration program upon completion of the prison sentence;
- providing all necessary interventions for clients who have already consolidated their abstinence;
- motivating users in continuing their path towards rehabilitation, entering in a therapeutic community program; and
- liaising with family members and or competent institutions and assisting in gathering the documentation needed to obtain their social rights.

Phase 2: implementation of after prison programs and referrals to therapeutic communities

Phase 2 is a key part of social reintegration programs since it is embedded in the environment the client had chosen for his or her social reintegration. Due to the fact that part of Stijena's clients participated in the first stage of the program in the prison setting, the majority of them, is already familiar with the following activities undertaken by Stijena, and will adjust smoothly to the transition.

Stijena's involvement in the second phase of the program consists mainly in:

- educating and informing the clients about exercising their social rights on education, employment, social benefits and health insurance;
- helping the beneficiaries in job seeking, providing information on employment, the self-employment, and mentoring;
- arranging individual psychiatric consultation for our clients;
- holding regular meetings at least two times a week

since two groups are included in this project;

- attracting new members with the mutual cooperation of former addicts with shorter or longer abstinence, providing expert guidance in the transition from addiction to healthy lifestyles;
- managing therapeutic meetings based on group psychotherapy, group socio-therapy with an emphasis on different aspects of re-socialization;
- encouraging recovering addicts to look for other social activities and volunteering, stimulating personal growth and the development of creative potential; and
- organizing cultural and recreational activities supporting healthy lifestyles.

Given that addiction is a personal matter that has also an impact on family and beloved ones, Stijena constantly involves members of the immediate and extended family in the social reintegration. They are providing support and securing stability in the overall family functioning in the long run. The work with the families aims at training them in communication skills, assertiveness, effective educational methods of coping and on agreeing on clear rules and setting limits of behavior, which would help all family members to be more successful in supporting the recovered addicts in their reintegration.

Exploring the potentials of social enterprise models

Stijena is in the process of exploring potentials of social enterprise as an idea for future development. Social enterprise can be an excellent tool to meet sensitive issues like providing jobs, insuring income, giving individuals sense of self worth and creating an atmosphere and surrounding in which persons in social reintegration phase can find additional support and understading while working hard.

INSTITUTE PULA

4.3 Introduction on Institute Pula

Association Institute started its activities in 2004 with the realization of the film "Abandoned". In 2005, it started implementing a **drug abuse prevention** program on a daily basis. The program was modified and updated and ultimately performed as a cycle of 3 workshops:

1. prevention of drug overdose deaths;
2. prevention of sexually and blood transmitted diseases among drug users; and

3. prevention of perpetration of criminal offences.

The program is interactive, encouraging young people to participate and allowing them all to find their own way of expression on this issue that could include discussion, interpreting, describing, listening, informing, visualization, etc. That is very important because adolescents find it very difficult to openly discuss the problems and challenges they face. Institute Pula includes its contact and working experience with addicts in the prevention program, since they become a source of real life examples that can genuinely motivate young people to choose healthy lifestyles. This is the most widespread drug prevention program in Istria concerning the number of beneficiaries and territorial coverage.

The program has been implemented in many high schools in Istrian county and has been included in the education curricula.

Programs of **social reintegration** of addicts are carried out continuously since 2006 to the present day. In addition to decision of entering a rehabilitation treatment, this process is the most important for addicts because it requires from them the adjustment to a new life in adverse circumstances (when a person has low self-esteem, is unemployed, with no family and no friends, no contact with reality and/or in isolation from the rest of the world). This project aims to familiarize users with difficulties, but also the opportunities that are ahead of them before they finish the treatment and return to the home environment. During the rehabilitation process, Institute Pula continuously works on building users' capacities in order to strengthen and prepare them for the period after the completion of the therapy treatment. Upon leaving, the treatment continues with providing psychosocial support in the process of rebuilding relationships with friends, family and support in finding a job and other useful activities that enable the development and stability of each user.

The **harm reduction program** has been implemented since 2006 and it is the answer on the general increase in drug use. It humanizes the phenomenon of drug addiction and provides adequate care of addicts who are not in the process of treatment. The main task is to approach the addict with respect, recognizing the fact that addiction is highly developed and established as a life model and that currently there is no expressed motivation to stop using drugs. It is extremely important to educate users about the safer way of taking drugs in order to avoid untimely death, HIV/AIDS or Hepatitis C Virus infection and to continuously motivate users to testing on sexually and

blood transmitted diseases, especially among sex workers. Users are encouraged to regularly come to the drop-in center where they can get a hot drink, meal, do the laundry and maintain personal hygiene and talk with friendly staff. Users are spontaneously encouraged to enter in a rehabilitation treatment and helped to find adequate facilities or institutions; educated and motivated on the proper use of sterile equipment and its proper disposal. Institute Pula also organizes collection of infective waste from public spaces together with users of the social integration program. Some members of the staff in the Drop In Centre have been successfully sober for over 15 years. The drop in center also has trained medical staff at the users' disposal. The confidence that Institute Pula gained with its user clients through open communication, direct approach and availability enabled the staff to continue doing their work without major interferences. Institute Pula has been working on social reintegration of persons with addiction problem for many years now. The immediate goal is the wellbeing of the recovering addicts and their families, while the long-term result would be to achieve a positive impact on their local community and the society in general. The program is unique, since it address the most marginalized social groups such as intravenous drug addicts, homeless people addicted to alcohol and drugs, sex workers, men who have sexual relations with other men (MSM) and women who have sexual relations with other women (LGBT). The basic aim of the implementation of the programs is to reduce the negative consequences caused by drug use and prevention of HIV/AIDS among the at risk behavior population. Institute Pula is currently opening another Drop In Centre in one of the most at risk territories in Istria. It will be the fourth center of this kind in Croatia.

At the local and national level, Institute Pula has an advisory role to policy makers. In the past few years through participation in the public debate Institute Pula contributed to the preparation of the following documents:

- National Action Plan for Combating Drug Abuse in the Republic of Croatia (2012-2014),
- Action Plan on Combating Drug Abuse (2009-2012),
- New Guidelines for the Treatment of Viral Hepatitis (2010)

Institute Pula also gave its contribution in preparation of the reports for the UNDP / HIV/AIDS Croatia. The organization participated in the drafting of the National Strategy for the Treatment of Viral Hepatitis and the development of National Guidelines for the

Implementation of Harm Reduction Programs.

The president of the Association Institute Varja Bastiančić is the member of the Work Group on Early Warning Systems on New Psychoactive Substances in the Republic of Croatia and member of the expert Work Group for the Development of National Guidelines and Implementation Strategies of Harm Reduction Program in Croatia, founded by the national Office for Combating Narcotic Drug Abuse.

At the local level, Institute Pula transmits information on trends and manifestations of new drugs at European and national level through the available channels of communication.

4.4 Institute Pula's work on social integration

Association Institute Pula does not implement rehabilitation programs per se, but performs activities that encourage drug users to establish a permanent abstinence and carries out interventions with the aim of social inclusion. Projects of social reintegration are implemented among addicts in prison settings with imposed measure of compulsory treatment, offenders in the post penal period and after the completion of treatment of rehabilitation that are abstaining or are on a stable and controlled substitution therapy, with the inclusion of their family members (children, parents, guardians, foster parents, etc.).

During any of the above-mentioned rehabilitation treatments, users and members of their families receive psychosocial support through organization of self-help groups, individual interviews or other interventions in agreement with rehabilitation treatment managers. In this way Institute Pula is establishing a relation of trust and partnership that enable clients to continue the implementation of a gradual inclusion in society after a person has completed treatment. The main task is to encourage users to change existing habits and behavior patterns in order to avoid relapse and to increase permanent and complete abstinence. Cooperation is one of the fundamental priorities in the implementation of projects, in terms of development of communication and connectivity between institutions and non-institutional sector on all levels, with the aim of balanced resource distribution and efficient impacting on the health and social consequences of drug abuse. For this reason Institute Pula has developed a network of cooperation and partnerships at the national and regional level that includes ministries, social welfare centers, institutions of public health, prisons, penitentiaries, therapeutic communities and NGOs.

Institute Pula believes that a successful social reintegration starts at the moment when a person stops using drugs, whether it happened by voluntary entering a therapeutic community or going to compulsory treatment enforcing the law, in which case abstinence is achieved during the prison sentence. In recent years Institute Pula gain recognition as partners of the Ministry of Justice and the organization consistently implement self-help groups with prisoners who have imposed measure of obligatory treatment, and are serving sentences in prisons and penitentiaries across Croatia. The purpose of the projects is to take all the preparatory measures in order to promote social integration after the release of the prisoner. The other important task is to prepare each user as thoroughly as possible for the challenges and the difficulties that can arise after the return to his home environment.

The continuity of the project implementation is crucial because of the relationship with the users, but also with members of their families. It enables the possibility of offering a stabile assistance to families where one member is serving prison sentence or is in therapeutic community.

As for the duration of the process of social reintegration, according to Institute Pula's experience it is not defined in terms of time, but very much depends on each person individually and his or her circumstances.

4.5 Methodologies and target group

The policy of Association Institute Pula has been developing for the last 10 years and mobilized its resources to promote human rights for the marginalized groups, fostering social inclusion of former prisoners, former drug addicts and chronically ill people. Institute Pula also advocated for the rights of all highly vulnerable groups. In the early years of its activity, the organization realized that a model was needed in order to provide effective opportunities to all the users and community in general. Immediate measures to reduce the damages caused by drugs at the physical, emotional, social, material or health level, could be implemented, but priority should be given on supporting each individual towards an independent life, as well as to the creation of a collaborative mechanism with all the key stakeholders in the drug field.

Institute Pula included over 1,500 users in its social reintegration program, most of them serving a prison sentence and families of beneficiaries who are in rehabilitation programs or serving prison sentence. Institute Pula strengthened the connection between

its staff and users in prisons fostering the rehabilitation process through support groups and supporting interviews. The majority of the users had been included in the activities that the Association conducts, and Institute Pula help them on a daily basis in rebuilding relationships with family, exercising their basic social rights, asking for education and supporting them in the employment search. A large part of the users receive donations in the form of food, clothing and footwear, as well as their underage children. Users of the program who reside in the Istrian region received education and were enabled to finish high school acquiring professional competence. The most common occupations are accountant, salesman, commercial agent, cook and truck driver.

Institute Pula followed a large number of people through regular contacting as they attended the program in therapeutic communities, and provided support to recovering users who have opted for the social inclusion program after completion of treatment, rehabilitation or finished sentences in prison, continuing on the previously established contacts and relationships of trust.

In addition to these activities, Institute Pula also provides escorted therapeutic outings for prisoners in the program. Through visits to therapeutic communities the organization motivated hundreds of people to enter in the social reintegration path.

General and specific objectives of social reintegration

The general objective is to contribute to social reintegration of addicts while the specific objectives are:

- to include a large number of users and family members in treatment;
- to strengthen family relations and capacities;
- to provide a continuous, individual and customized psychosocial support to users and their family members;
- to engage, enable and place as many users as possible in the labor market;
- to reduce the number of overdose deaths during the sentence of imprisonment;
- to reduce the number of addicts in relapse;
- to delay the time of the first drug relapse and reduce the criminal recidivism.

The direct beneficiaries of the projects are:

1. **The prisoners.** Institute Pula implements self-help groups in prisons and undertakes direct work with prisoners and holds of the Recovering Addicts Club.
2. **Drug addicts – abstaining persons.** Self-help

groups are run in prisons and are intended for people sentenced to compulsory treatment. The work with addicts is planned through the implementation of motivational interviews in therapeutic communities to encourage them to engage in program for social reintegration and monitored abstinence.

3. **Families** – twice a month, direct work is done with families of the beloved one in treatment and contribute to the successful maintenance of abstinence.

The indirect beneficiaries are:

1. **Judicial employees** – judicial employees receive the concrete support in the treatment of imprisoned addicts through Institute Pula groups. According to the official report submitted to the Croatian Parliament, it is the most challenging prison group.
2. **General public** – working with the critical group of addicts has a positive effect on the entire local community, and the inclusion in the treatment of post penal social reintegration program has positive effects even on police officers. Institute Pula believes that the benefit of working with prisoners and addicts is a very concrete contribution to the prosperity of the whole community.

Activities undertaken by Institute Pula:

The organization and implementation of the groups in prisons- educational interactive workshops, lectures, discussions, presentations and information are implemented. The purpose is strengthening the prisoner for the return into the community, the inclusion in some of the therapeutic treatments, inclusion in the labor market, schooling, active involvement in society and improving family life. So far, this method has given the desired results. This approach creates the prerequisites for subsequent treatments. Through the talks, a relaxed atmosphere and friendly relationship is created, a relationship of trust that opens the possibilities of influencing the attitude and thinking patterns of the user.

Providing psychosocial support in the post penal period and providing psychosocial support after treatment in health care institutions and/or therapeutic communities -it consists of counseling, motivation, information, guidance and empowerment through: education, thematic groups, self-help groups, individual interviews; information about the possibilities of schooling, employment or other activities upon finishing the rehabilitation treatment. The intervention is carried out by telephone or direct personal contact, on a daily basis.

This work mode presupposes that the following minimum conditions had been established:

- the users are provided with basic support in development of their social skills;
- support is given in the process of exercising users rights to social and legal assistance; and
- a high number of users are motivated to continue treatment.

As a result a reduced relapse is achieved both in drugs consumption and in criminal activities, as well as an overall improvement in the social capacities of the users.

Providing counseling and support to the users' families- Institute Pula offers guidance, support to, sharing relevant information with the families of the user, either by telephone or by direct personal contact. Often the organization provides practical assistance in the form of material donations (food, clothes etc.) to the addicts' families and abstainers that are beneficiaries of the program, for the purpose of providing adequate support in the period of reintegration in the society or in the family. Institute Pula believes in the positive role played by a unified family in supporting the intervention and strengthening the motivation for keeping up the abstinence.

The results achieved

With the available resources in the past few years Institute Pula managed successfully to provide psychosocial support to the families of former addicts, as well as the abstainers themselves. A systematic work on the prevention of relapse in the territory of the Istrian region leads to a slight reduction in the rate of the overdoses of addicts-prisoners during the serving of sentences. The number of abstainers in the post penal period is also in a slight rise.

A consistent work on strengthening the social capacities of addicts and successful motivation of the user to the continuation of treatment contributed to this success. The program of social reintegration of Institute Pula constantly encourages responsible behavior towards the beneficiaries and the environment, and supports their connections with other segments of society, which the purpose of facilitating their full reintegration.

4.6 Lesson learnt on social integration

Main challenges in the social reintegration phase in Institute Pula

According to the 2014 research of the National Office for Combating Narcotic Drug Abuse, the recovering addicts who are in the social reintegration phase are facing the following difficulties:

- experiencing a negative attitude of the public about the problem of addiction and addicts (39%);
- suffering social exclusion of addicts (29%);
- having lack of self-confidence and motivation in addicts (31%);
- finding insufficient support of the state institutions in the provision of advisory assistance; and
- struggling in finding employment and or education opportunities (30%).

In addition to the above mentioned problems, addicts and their families have little information about the places where they can find assistance in the social reintegration process. Furthermore the research registered a lack of family support and the lack of counseling and other psychological help by NGOs.

The role played by the family and the environment

Addicts in abstinence and abstainers from heroin went through some treatment where they adopted the standards of a quality life, strengthened their will and desire for abstinence and are implementing them for a certain period of time, however, the problems they face, especially after returning from therapeutic communities, remain the same. In this category of users the problem of rejection of the individual in the primary or secondary family is strongly expressed. Often Institute Pula notices that the addict has strongly and radically changed, but the family and the environment in which they return remains unchanged and suspicious towards the person. The environment itself might pose also a problem. Many therapeutic communities are located in other parts of the country or abroad, and during the rehabilitation program the interpersonal relation issues weren't adequately solved. So while a profound transformation has happened to the recovering users, the environment back home, has sadly remained the same.

The importance of employment

Concerning the employment of recovering addicts coming from treatment, they are advantaged when compared to addicts returning from prison because they were in therapeutic communities where they adopted work habits, however, the stigma and the health issues

(HIV/AIDS; HCV, HBV) always remains, and that strongly affects employment opportunities. For that reason, the lack of employment in the most critical period (after the release from therapeutic communities) presents a problem for the user, which in some cases leads to a relapse.

Gender prospective in social reintegration

Women as drug abusers and as abstainers, face additional challenges in social reintegration due to their emotional connection with the past which is far more pronounced than in men. Statistics on the number and gender of the addicts are in favor of male population, while in treatment it is women that are more successful in reaching abstinence. However, upon return to the society, women are more vulnerable than men. Evaluation of social reintegration programs conducted by the National Office for Combating Narcotic Drug Abuse has shown that with regard to the specific needs of women addicts, it is necessary to plan special programs for the social integration of women. They should consist of psychosocial support groups after leaving treatment, working with families, securing transitional forms of socialization such as residential communities and looking for work opportunities taking into account the psychological condition and physical abilities of women addicts.

Looking into social entrepreneurship

Institute Pula is looking into models of social entrepreneurship. In 2016 the organization presented a social enterprise project in partnership with City of Pula and local Red Cross to the European Social Found. The project would employ vulnerable social groups, in accordance with the strategic plan of the association, aiming at the achievement of social equality and the reduction of social exclusion of all marginalized groups.

Institute Pula is also currently in the process of merging with another association, benefiting from their infrastructure, adding another office space and 2.5 hectare of land with outbuilding of 700 m² and agricultural plantations in Valtura (near Pula), which will allow them to perform economic activities, but also to expand the social services.

SAN PATRIGNANO ASSOCIATION SPLIT

4.7 Introduction on San Patrignano Association Split

The San Patrignano Association Split, Udruga San Patrignano in Croatian, is a charitable non- for-profit organization, belonging to the network of international associations working in synergy with the community of San Patrignano in Italy.

The main purpose of the San Patrignano Association Split is:

- raising awareness on addiction among the general population especially young people combating drug addiction and reducing the spread of addiction;
- referring drug addicts to treatment, preferably in the San Patrignano community in Italy, but not exclusively;
- supporting re-socialization of recovering addicts after completing the program in a therapeutic community;
- educating parents and family members of recovering addicts to support their beloved one in drug treatment and in social reinsertion; and
- contributing to the development of programs that provide treatment interventions opportunities for recovering addicts in the whole Croatian territory.

San Patrignano Association Split has been implementing numerous projects in the field of addiction in the last twenty years and it is currently engaging in the following initiatives:

Psychosocial rehabilitation of drug addicts -

The main objective of the program is to reach out to a greater number of addicts, to motivate them to change lifestyle and eventually enter a rehabilitation program in San Patrignano. The target groups are drug addicts; alcohol and gambling addicts who decide to quit their addiction. During the last 20 years, more than 1,500 have been referred to the community of San Patrignano and had undertaken the long term residential program there.

Re-socialization of recovered addicts- The program targets the recovered addicts that have completed the program in San Patrignano, Italy and are socially reinserting in their homeland Croatia. The overall aim is supporting them in their reintegration, welcoming them, and acting as a liaison with the Croatian entrepreneurs and companies assisting them in the job search, offering counseling and legal assistance, assisting with health and social security issues, providing education and training according to their needs.

Furthermore, the association welcomes the recovering addicts who want to play an active role in the program as volunteers with the association itself and as recovery champions. Moreover, the Association also assists the families and relatives of the recovering addicts during the time of the program in San Patrignano, preparing them for the reentry of their beloved one.

Prevention for at risk- the project targets children and youngsters who are considered at risk group, due to family situation about drugs and other types of abuses. The initiative is run in accordance with the implementation of national standards on addiction prevention for children and youth and aim at increasing the level of awareness of the risks of abuse and of any addictive substances and promoting the importance of health and developing healthy lifestyles.

Counseling and referring program- counseling is one of the main activities of the association. The service is available by telephone 24 hours a day and drop in at the office is available for 9-20 hours a week. The target groups are users who experience several problem related to their addiction. Some beneficiaries need immediate attention and a prompt referral into treatment; others need more time to come to a decision and are informed about the available option for treatment.

4.8 San Patrignano Association Split's work on social reintegration

The Association has been working on social integration for 15 years, thanks to the funding provided by and the cooperation established with the National Office for Combatting Narcotic Drug Abuse, but also to the contributions of the Administrative Department of Health and Social Welfare of the City of Split and the Croatian Health Ministry.

In the reintegration program, 8 people are part of the core staff: the manager of the association who is also an educator, a professional psychologist, two educators and four volunteers.

The main target groups are former addicts, returning after completing a four-year rehabilitation program in San Patrignano, Italy and their family members.

The risk factor of the project is a long-standing separation of former addicts from their home country and the threat posed by returning to the addiction environment and previous habits. Furthermore, other criticalities are the lack of preparation of families to cohabit with the recovering addict, the stigmatization against addiction that makes employment search more challenging, and the social apathy and a general decline in moral values of the wider community in which they return.

The social reintegration program in Croatia is seen as complementary to the recovery program in San Patrignano and as the natural continuation of the efforts initiated in the community. It is difficult to draw a line and separate the two processes that are very much intertwined. The association provides psychosocial support to former drug addicts and their family members, encouraging their involvement in the association work.

Among the activities of the association there are:

- individual counseling and psychosocial support;
- group counseling and support groups;
- ad hoc workshops providing information and education;
- study trips to San Patrignano and visits to Croatian residents in San Patrignano; and
- outreach activities and promotion of the association.

During their program in San Patrignano the recovering addicts acquire job training, life skills and knowledge of Italian language. Graduating from the program in San Patrignano makes them more competitive in the labor market and facilitates their employability. Before the completion of the program in San Patrignano, the recovering addicts would come to Croatia on verification trip, organizing their details for the social reintegration, and planning their engagement with the association.

During all the years of activities, the Association collected information on its work, on recovering addicts, following up on their situation and recording information in a database. The association has been gathering data on user involvement, the number of individual and group counseling, the number of former addicts who have managed to find a job, the number of educated former addicts, the number of users who have maintained continuous abstinence, or according to the number of relapses, the number of newcomers users from the target group, the number of users involved in project activities and workshops and the number of volunteers coming from the target group. The overall purpose it is to be able to conduct an evaluation on the achievement so far, to ameliorate the services in the future.

CHAPTER 5

CONCLUSIONS

The final chapter of this handbook aims at capitalizing on the main points of the Triple R experience in social reintegration and presenting the social reinsertion model paradigm inspired by the lessons learnt during the project implementation. Thanks to the contributions of Triple R partners and their expertise in the field of social reintegration the Triple R ARES model on social reintegration would like to provide food for thought and be inspiration for professionals working in the field of addiction, policy makers and relevant stakeholders.

5.1 The Triple R ARES model

The Triple R ARES model presents the key concepts that emerged from the best practice exchange during the Triple R project. The acronym ARES stands for:

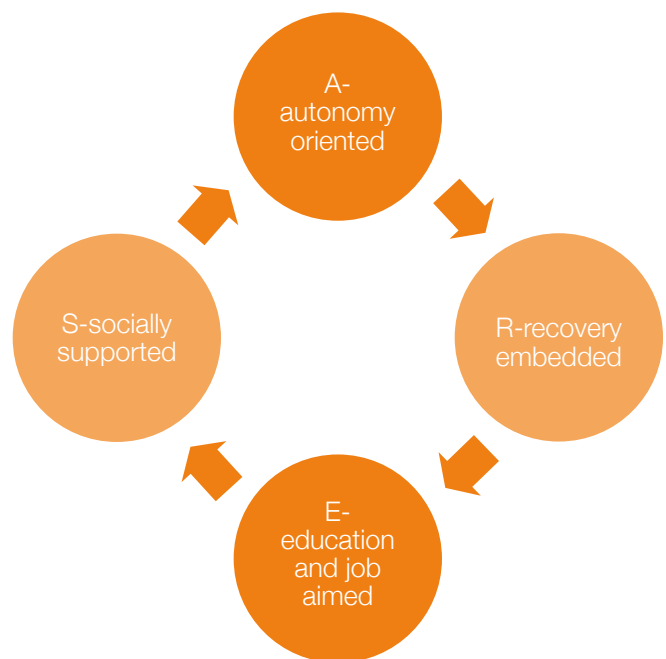
A- autonomy oriented

R- recovery embedded

E- education and job aimed

S- socially supported

The image below is presenting the key elements in the form of a Visual Chart, that could help professionals, practitioners and policy makers interested in knowing more on the essence of the social reintegration programs.



Autonomy oriented

Autonomy is the final goal of a successful social reintegration. According to Triple R partners' experience social reintegration programs should be as much as possible addressing the needs of the recovering addicts and being therefore very much **individualized**. People recover at their own time and following their own path, and since social reintegration is perceived as the natural continuation of the recovery journey, the following crucial aspects have been highlighted by the Triple R partners as essential while achieving the necessary degree of autonomy:

- providing attention to the priority planning and identifying the areas that need immediate interventions;
- learning how to manage time, especially free and leisure time; and
- focusing on relapse and recidivism prevention.

Recovery embedded

Triple R partners agreed on the fact that recovery and social reintegration are two inseparable and intertwined processes, and in most cases the two phases are overlapping for quite some time. It is perceived that social reintegration should be clearly embedded in the recovery program as ultimate step and natural continuation of the recovery journey in the society. Therefore, the recovery program should be tailored to support and foster social reintegration, being enriched with the tools, educational and job training activities and professional psychological support when needed, preparing recovering addicts for their successful reinsertion. In this way the time spent in treatment could also be seen as social investment for the future of the recovering addicts and would have a positive impact in minimizing recidivism in addiction and criminal behaviors in the reintegration phase.

Education and job aimed

In the Triple R experience emerged clearly that work and employment have a crucial role both in the recovery and social reintegration programs. During the treatment, work and vocational trainings are supporting self-esteem and fostering motivation, while helping in creating concrete opportunities for a sustainable livelihood, upon completion of the program and in the long run during the social reinsertion program. The chances of employability are greatly increased if recovering users could count on a formal education, earning degrees, certifications and skills required by the job market. Furthermore, getting a job is a necessity for recovering addicts who often have to sustain themselves and eventually pay off debts accumulated during years of addiction. Being able to get a job and keep it in the long run is one of the factors that minimizes recidivism and offers stability to the recovering addicts, and should be considered, one of the priorities in the social reinsertion phase in the same way as educational opportunities should be provided during the rehabilitation phase. In this way, a positive virtuous cycle is created that would effectively support a social reintegration path.

Socially supported

Triple R partners stress the importance of finding a supporting environment in the social reintegration phase. Recovering addicts, who had completed a treatment program, are coming out from a protected setting and should count on continuous support, while adjusting to a more challenging environment. As previously mentioned, in the reintegration program it is crucially important to identify the best option for the reinsertion. Sometime

nor the hometown or the family of origin are the optimal choice, especially in case of abusive families or highly at risk context. Housing or cohabitation might present both a challenge. The first one in term of economically sustainability: it might be difficult to find a place to stay due to the stigma against former users and also the high cost of renting, which might not be affordable, in the first period of the social reintegration. Cohabitation with the family of origin might be an economic necessity, but could present the challenge of getting back to old family mechanisms the recovering addicts should try to avoid. On the other hand, in case families are willing and able to provide economic and emotional support, it could be a real asset in progressing toward a successful social reintegration and their contributions should not be underestimated.

5.2 Suggestions for practitioners

Based on the ARES Triple R model on social reintegration, the following action oriented recommendations have been formulated for practitioners and professionals working in the social reinsertion field and stakeholders interested in the subject.

- Recovery and social reintegration are two intertwined aspects in the journey toward empowerment and autonomy for former drug user seeking their way out of drugs. Therefore practitioners should be aware of the continuum of care and create collaborative synergies between the two phases, also if different organizations or institutions carry them out.
- Autonomy should be the final aim of the social reintegration, and should be achieved thanks to an individualized approach taking into consideration the needs and the progress of each recovering addicts. Therefore professionals should be able to help the beneficiary in creating a personal plan, instead of sticking to predetermined models and modifying it to make it fit for purpose when need it.
- Professionals should assist the recovering addicts in identifying their own priorities and finding suitable paths towards their own social reintegration.
- Practitioners should support the recovered client in the job search and emphasize the importance of work and employment as crucial elements of a successful social integration. When needed, they should also encourage the beneficiaries to pursue the necessary education or a professional education needed to perform a job.
- Practitioners should assist clients that demonstrate an interest in looking into self-employment opportunities and refer them to the relevant stakeholders who could facilitate this process.

- Professional should encourage the beneficiaries to engage in social activities, volunteering and giving back time, helping them in finding positive alternatives for their leisure time and supporting them in further enhancing their self –esteem.
- Practitioners should liaise with families of the recovering addicts and help them understanding the mechanism of recovery and social reintegration. When possible, professional could encourage the engagement of the families in the social reintegration as support group of the beneficiary.

5.3 Suggestions for policy makers

Inspired by the findings of the ARES Triple R model, the following points on social reintegration have been elaborated. Politicians and policy makers could find food for thought in the lessons learnt by project partners.

Social reintegration should be seen as an integral part of the recovery process. Too often the two aspects are handled separately, endangering the final results. The social reintegration programs should be planned as long-term effort, and not just focus on short-term results. Addiction takes years of life, so does recovering from it. The idea of a quick fix, it is not just unrealistic, but even counterproductive because it fuels into the spiral of relapse, and it is also ineffective in terms of costs and efforts.

Politicians should secure that a coherent drug action plan is in place, including and securing the funds of the continuum of treatment, from recovery to social reintegration, to be understood as a virtuous cycle. There is no complete recovery if a successful social reintegration is not accomplished. A long-term plan should be established considering all the actions of treatment, recovery and social reintegration as a continuum of care, and sufficient resources should be invested to secure that such policy would be than adequately implemented at the national and regional levels.

Politicians should promote affordable housing for vulnerable people. In times of economic crisis, giving the high market price of rentals, having options for affordable housing for former drug users could be a great help in the starting up of a new life.

Policymakers should advocate for real job opportunities to former addicts and not welfare assistance. Former drug users deserve a real job and a dignifying life. Surviving on welfare is not a sustainable option. It could be helpful just for a short time while the person puts life into perspective, but it cannot be a long-term solution. Competitive job opportunities and market salary will boost independence, self-esteem and contribute to the long-term success of the social reintegration, diminishing the chances of relapsing.

Politicians should promote affordable housing for vulnerable people. In times of economic crisis, giving the high market price of rentals, having options for affordable housing for former drug users could be a great help in the starting up of a new life.

Policymakers should see recovering drug addicts, as individuals that deserve a chance to become a social value and not a burden. National policies supporting the recovery movement and championing the results are extremely helpful in disseminating knowledge about the fact that coming out from addiction it is not just possible but it is desirable and helpful for the society as a whole. This consciousness will further reduce the stigma against former drug addicts and enhancing their social reintegration.

APPENDIX

DEFINITIONS ON KEY WORDS IN THE TRIPLE R PROJECT

The following definitions have been elaborated in the framework of the TRIPLE R project, since the partners had identified the need of shading light on the common understanding of the terms used through out the project and reflected in the Triple R publications.

For this reason a drafting group composed by drug experts among the partners worked together to crystalize the essence of the discussion around the main terms and drafted the definitions below which will secure consistency in the wording used in the Triple R publications.

REHABILITATION

Comprehensive multidisciplinary approach that addresses the complex problem of addiction in all its aspects: health, education, life and job skills, providing a place and space for former addicts personal and professional growth, helping them to build a drug-free life.

The drug rehabilitation process is a comprehensive multidisciplinary approach that should mirror the complexity of addiction, providing effective answers to people's needs. Since addiction itself it is a multifactorial disease as defined by the World Health Organization, the drug rehabilitation should address all the cross-cutting facets embedded into it.

REINSERTION/REINTEGRATION

In the Triple R publications the term reinsertion is used as synonym of reintegration and they could be interchangeable.

The social reinsertion/reintegration should be considered as an unavoidable segment of a recovery program. Upon completion of the rehabilitation, the reinsertion/reintegration is the moment during which the ex-user will work toward consolidating the newly acquired self-esteem, capitalizing the learning on life skills and job training to move forward in life and be active member of society.





Triple R: Rehabilitation of
Recovery and Reinserti