



Triple R: Rehabilitation for  
Recovery and Reinsertion



**Co-funded by the European Union**

**TRIPLE R**

**EVALUATION REPORT ON RECOVERY**

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## Brief Introduction on the Triple R project

Triple R is a 2-year long EU project on the exchange of the best practice in the field of recovery between EU member states. The project aims at reducing recidivism and crime in regard to drug addiction and spreading cost effective and productive models on drug rehabilitation, social reintegration and reinsertion of drug addicts.

### **The Triple R project aims at:**

- Exchanging best practice in the field of recovery between EU member states.
- Reducing recidivism and crime linked to drug addiction.
- Providing cost effective and efficient models on drug rehabilitation, social reintegration and justice intervention and which will investigate novel models and alternative measures to imprisonment for drug addicts.
- Disseminating resources across EU member states to support the implementation of effective and efficient models in rehabilitation for recovery and reinsertion.

**The Triple R project is coordinated by** San Patrignano (Italy) and implemented along with the following partners (in alphabetical order): ASOCIACION DIANOVA ESPANA (Spain), BASTA (Sweden), CeS Rome - Associazione Centro Italiano di Solidarietà Don Mario Picchi (Italy), ECAD – European Cities Against Drugs (Sweden), POPOVGGZ VZW – Belgian Drug Treatment Court (Belgium), UDRUGA SAN PATRIGNANO SPLIT (Croatia), UDRUGA INSTITUT PULA (Croatia) and UDRUGA STIJENA – NGO (Croatia).

**The project has been articulated in two consecutive phases. Phase I** taking place from 2015 to 2017 has been focusing on the **best practice exchange among project partners**, undertaking study trips and training sessions to familiarize with the different programs implemented by partners in the project thematic areas and their methodology. Phase I culminated with the drafting, editing release and dissemination of the **Triple R thematic publications on rehabilitation, justice interventions and social reintegration** that promoted further knowledge on recovery models at the European and international level, capitalizing on the best practices of the project partners, including their referral and reinsertion networks.

**Phase II** of the Triple R project, which has been implemented in 2017 set the bases for a **piloting of the recommendations elaborated in the publication in Croatia**. A **feasibility study** assessed the actual needs of treatment services, therapeutic communities, social reinsertion programs and alternative sentencing interventions in the context of the newest EU member. The involvement of Croatian NGOs (NGO Stijena, NGO Udruga San Patrignano, NGO Institut Pula) has been crucial in the feasibility study and in the implementation of the piloting phase, as well as in networking with other therapeutic communities and service providers and in disseminating project findings at a national level.

## Report structure

This report focuses on **recovery**, the main thematic pillar of the Triple R project and evaluates the contempt on recovery that emerged during the project implementation. Each thematic pillar has been addressed in a separate report to facilitate reading and dissemination of the conclusions.

The structure of the report is organized to present the findings according to the two project phases and address all the activities that have been implemented.

In the description of each phase particular attention is given to illustrate the methodology of the evaluation, providing a detailed description of the accomplishments and findings.

## PHASE I (2015-2017)

### Exchange of best practices and drafting of the publications

#### Methodology of evaluation for Phase I

The evaluation of Phase I of the Triple R project has been based on the creation, dissemination and analysis of **feedback questionnaires completed by project partners**.

Participant organizations have been presented with specific questionnaires after the completion of each project activities. The surveys have been submitted both in paper and electronic versions to facilitate completion. Since 2016 all the surveys have been organized and fill in electronically via Survey Monkey, which had been identified as the most practical way to handle the evaluation.

**A total of 8 questionnaires** have been produced to evaluate **Phase I**.

#### Five project exchange questionnaires

**Five surveys addressed the project exchange activities: 3 study visits** (Belgium, Spain and Sweden) and **2 training sessions** (both taking place in Italy). The questionnaires had all the same structure and questions to secure consistency and facilitate comparison and elaboration of the results. They touched based on the outcomes of the visit or training, on the level of satisfaction on the activities undertaken and the reality check of the expectations. Furthermore they elaborated on the lesson learnt and the knowledge and skills acquired and how the person and organization plan to use them. Attention has also been dedicated to the feedback on the aspects that could be improved and also on practical suggestions for up-coming activities and the expectations on the following visit. The questionnaires have been disseminated and filled in by project partners soon after the activity had been completed.

#### Key evaluation survey

A more in-depth questionnaire called **Key Questions evaluation survey** has been created to collect feedbacks specifically on the thematic pillars of the project. The structure of this very comprehensive questionnaire has been organized in a preamble followed by 4 parts.

The **preamble** of the questionnaire collected information on the person completing the questionnaire and the organization she or he represents, the main focus of the organization work in the field of addiction, the target group and the networks.

**Part A** assessed the best practice exchange of the project and analyzed each study trip and training, asking specific questions on each thematic pillar of the project: recovery, justice interventions and social reintegration. Project partners have been asked to evaluate each study visit and training on a scale from one to five, labeled respectively as:

1. not at all satisfactory
2. partially satisfactory
3. satisfactory
4. good
5. excellent.

The criteria that have been applied were the following:

**Efficacy:** ability of the best practice to reach the program goal.

**Visibility:** relevance and recognition of the best practice in its local and/or national context.

**Sustainability:** ability of the best practice to secure the necessary funds and support to undertake its work and run its program.

**Social impact:** ability of the best practice to make the difference for their residents or clients and for the community as a whole.

**Part B inquired on the contempt of recovery.** Since this theme is the leading paradigm and shared common ground among the partners of the Triple R project, more attention has been dedicated to it in comparison with the other thematic areas. Part B collected input on the level of knowledge on recovery prior to the project, on the level of satisfaction on the learning on recovery during the project, on the lessons learnt in the project exchange. Further questions addressed the perception on recovery at the national level and the importance of investing on and advocating for recovery at the national and international level, on how the partners were planning to disseminate the best practices and also on the feedbacks on recovery that they suggested to be reflected at the EU level.

**Part C elaborated on the level of satisfaction** with the project implementation and **increased knowledge**, on the top skills acquired and how they plan to use it, on the areas or topics that have been missing or needed more attention and details and generally on possible improvements.

**Part D focused on the work on the Triple R publications** and assessed the work done in contributing to the drafting, on the role of the focal points and how they got organized to deliver the expected results. Moreover, it asked questions on the expectations regarding the impact of the publications and the relevance of them for the professionals working in the field of recovery, justice interventions and social reintegration and for the policymakers at the local, national and international level.

#### **Event questionnaire**

The **Event questionnaire** has been designed to collect the feedbacks on the two Triple R dissemination events held in Vienna and Brussels in March 2017. The Vienna and Brussels events presented the highlights on the project, and launched the Triple R publications. The questionnaire was sent to all the participants to both events to assess their main interest in the topics, their feedback on the content of the thematic presentations and touched base on the publications they plan to download and read.

#### **Publication feedback questionnaire**

The **Publication feedback questionnaire** aimed at collecting input from the people who read the publications. A link had been sent to project partners and also made public in the Triple R website on the page where the publications are available for download. The survey investigated on the main area of interest of the readers, on the relevance of the sessions in the publications, on the relevance for the work of their organization, for improving the work of the practitioners in the thematic fields of the project, and for the policy makers at the national and international levels.

Based on the findings of all the questionnaires, the evaluation report has been structured to reflect the activities of the project and provide useful insights on both the Triple implementation and results, according to each thematic pillar.

### **Evaluation on Project exchange: study visits and trainings**

#### **General information on project partners**

All partners participated in the evaluation and completed the surveys as requested. A total of 9 responses had been collected. The focal point in each organization took care of completing the on-line formularies. In terms of geographic distribution 2 contributions came respectively from Italy

and Sweden, one from Belgium, one from Spain and 3 from Croatia. 55% of the respondents were male and 45% female. Their level of education was Master degree (67%), Bachelor degree (11%), College or unfinished university (11%) and high-school diploma (11%).

The main areas in which the partners are engaged are the following: 66% of them work in social reintegration programs, 55% are active in drug prevention and recovery oriented drug treatments, 44% runs therapeutic communities, 33% offer close setting residential rehabilitation programs and 22% have harm reduction interventions. Among additional activities the following have been mentioned: motivation program for rehabilitation in prison, training program for social workers and practitioners in the addiction fields and drug treatment court.

The majority of the interventions are targeting male population. Some of the partners are addressing all the target groups (Adult Males, Adult Females, Male adolescents, Female Adolescents, Children, Elderly, Imprisoned males, Imprisoned females, HIV- positive, Hepatitis or other drug related diseases affected population).

ECAD works specifically on drug policy issues engaging with cities and municipalities and with youngsters.

In terms of networks, all the partners reported to be connected with either one or more national, regional and international organizations or counting with local or international branches.

### **Summary of the activities**

The Triple R project exchange had been articulated in 3 study visits in Belgium, Spain and Sweden and 2 training sessions both held in Italy.

**Study visits** offered the opportunity to gather an overview on more realities in one country apart from the host organization and were more focused in getting to know different rehabilitation programs and methodologies.

**Training sessions** were mainly organized in order to provide in depth knowledge of the rehabilitation program of the host organization, to offer hand on experiences of the methodology and daily work of the centers.

### **Triple R study visits**

#### **31th of January - 4th of February 2016**

Location: Gent, **Belgium** organized by **Popov GGZ**

**Main focus:** exploring the **Belgian drug treatment court model**

#### **28th of February - 3rd of March 2016**

Location: Barcelona, **Spain** organized by **Asociación Dianova España**

**Main focus:** exploring **Spanish interventions in the field of drug rehabilitation**

#### **3rd - 7th of April 2016**

Location: Nykvarn & Skara, **Sweden** organized by **Basta**

**Main focus:** getting to know the **Basta model in drug rehabilitation, social enterprise and social reinsertion**

### **Triple R workshops and training labs**

#### **16th - 20th of May 2016**

Location: Rome, **Italy** organized by **CeIS Rome**

**Main focus:** getting to know **CeIS Rome intervention in the field of addiction** and visiting different branches of the organization

#### **27th June-1st July 2016**

Location: Rimini, **Italy** organized by **Comunità San Patrignano**

Main focus: learning first hand on the **San Patrignano recovery program**, experiencing a week in San Patrignano and **the community life and methodology**

### **Overall rating of the study visit activities.**

The overall rating of the study visits has been quite positive: 44% of the respondents considered them excellent, 44% positive and 11% satisfactory.

The Belgian best practice was assessed as excellent by 55% of the interviewed, 33% considered it good and 11% satisfactory.

The Spanish best practice was evaluated by 55% of the respondents as good, 33% assessed it as excellent and 11% as partially satisfactory.

The Swedish best practice was considered excellent by 44% of the partners, 44% evaluated as good and 11% as satisfactory.

### **Study visits**

#### **Belgian best practice on recovery: the Drug Treatment Court**

*Public and private cooperation seems to have pushed drug addiction services to a higher level*

Quote from Triple R project partner

The Belgian Study trip aimed at sharing knowledge on the model of the Drug Treatment Court (DTC). The municipality of Ghent adapted the US model of the DTC to the Belgian context and law and came out with the first European Drug Treatment Court. During the visit the partners had the opportunity to see the DTC in practice and understand the complex network of stakeholders. Furthermore the partners visited some of the network providers collaborating with the DTC, offering different types of addiction services according to users needs.

The partners highlighted the following aspects as the key points in the Belgian successful experience:

- **The empowerment aspect of the DTC:** DTC are offering plenty of opportunities to the offenders. During the program the recovering users can evaluate all the aspects of his/her life that need to be changed and create a plan and find the most appropriate treatment option to overcome the addiction problem and facilitate social reintegration.
- **The public and private cooperation:** DTC proceedings are articulated in a very comprehensive and solid network of stakeholders. The judge, the prosecutor, the offender who is the suspect, the lawyer of the suspect and the liaison are all working together to support the offender in finding his or her way toward treatment and recovery.
- **The function of the liaison:** a fundamental role in the Belgian DTC is played by the Liaison. The liaison offer assistance to the client in assessing his/her needs, in identifying solutions and in finding a path toward recovery and making a plan to be submitted to the judge for approval. The liaison is committed to confidentiality and it is able to create a bond of trust, safeguarding the dignity of the individuals and allowing them to open up, sharing their needs, counting on a non-judgmental attitude.
- **The offer of immediate assistance:** according to the gravity of the cases, the liaison is able to provide immediate help and taking care of the most urgent needs, referring the clients

to the treatment and working with them to create a recovery plan in the mid term.

- **A coordinated network:** in the DTC all the stakeholders are working together in a coordinated way and are able to function with a very strong synergy.
- **Data collection and sharing:** DTC have created a data collection mechanism that facilitates information sharing among the stakeholders. All the information on DTC clients is easily accessible for all the stakeholders through an integrated database.

Few **criticalities** also emerged in the evaluation:

- **Length of the program:** according to one of the partner the DTC program is quite short. One year might not be enough to address all the problems connected with drug abuse. There is a suggestion to extend the length of the program.
- **Funding:** DTC are dependent from public funding to survive. The cost and effectiveness of the DTC has been evaluated through the years to provide politicians and stakeholders with evidence supporting the investment in the DTC with the taxpayers money. Currently the DTC Ghent is a pilot project, and Belgium is considering options either to scale up the model or finding eventually cheaper alternatives.

Overall the evaluation of the Belgian experience according to the criteria has been the following:

**Efficacy:** 50% of the partners assessed as good, while 25% respectively rated it as excellent and satisfactory.

**Visibility:** 63% of the respondents considered it good, 25% satisfactory and 15% excellent

**Sustainability:** it collected a strong consensus with 50% of the partners assessing it as excellent and the 50% as good.

**Social Impact:** also got a fairly positive evaluation with 50% of good, 25% of excellent and 25% satisfactory.

### **Spanish best practice on recovery: the Dianova Spain experience**

*The Dianova approach is one of the best experiences on how to match professionalism and human approach*

Quote from Triple R project partner

During the study visits in Spain, the Triple R partners visited different branches of the Dianova Spain organization, getting to know the therapeutic community model (TC) implemented by Dianova. Dianova TC in Can Parrellada works with drug users, double diagnosis patients and youth. Furthermore the partners could also familiarize with other addiction treatment and residence programs such as the residential community La Coma, Fundacio Ciutat i Valors, Benito Menni Mental health Hospital, Associacion Alba and Espai Ariadna.

According to the feedback provided, the partners identified the following aspects as **best practices**:

- **The Dianova methodology:** based on 3 stages of interventions, the program allows flexibility and tailors the interventions according to clients' need. There is a strong focus on therapy and education to support recovery and social reintegration.
- **The Dianova Can Parrellada therapeutic community:** holistic, bio-psychosocial and educational approaches are followed and specific programs are offered for mentally ill

patients. In Can Parrellada the program is highly individualized and grounded in education. The average duration is 6 to 9 months and there is an outpatient treatment follow-up.

- **Assistance to the homeless:** both Dianova and Fundació Arrels offer services to homeless, creating a connection with people on the street and facilitating their path toward recovery.
- **Gender approach:** Espai Ariadna offered an excellent example of gender base intervention. The organization is a shelter for abused and drug addict women and their children. The Malva project is addressing both partner violence and addiction, providing assistance and care based on the identified needs of women and children. Espai Ariadna provides a safe place to live, boosts motivation for a life change, implementing a gender perspective and person centered approach.

Some **criticalities** emerged:

- **Relapse prevention should be enhanced:** according to a partner, in the Dianova method there is not enough focus on mistakes. Users tend to adapt to the program and do not come out as they really are. This is a tendency that could lead to relapse, therefore more attention to relapse prevention should be put in place.
- **Challenge on independence:** in the cases of psychiatric patients, one of the partners stressed that the real challenge might not be so much to achieve recovery from drug abuse but in being able to reach and keep independence in the long run.

Overall the Spanish experience as been evaluated as following, according to the project criteria:

**Efficacy:** 50% of the respondents considered it excellent, while 38% rated it good and 12% satisfactory.

**Visibility:** 63% of the partners considered it good and 37% excellent.

**Sustainability:** 50% of the interviewed rated it as excellent and the 50% as good.

**Social Impact:** 50% assessed it as good, 38% as excellent and 12% as satisfactory.

### **Sweden best practice on recovery: the Basta social enterprise model**

*Basta is a self sustainable, empowerment-based model, focused on work that integrates vulnerable people in the labor market*

Quote from Triple R project partner

Basta is a Swedish user-run social enterprise offering drug rehabilitation to those wanting to leave drug abuse. The unique self-sustainable model had been inspired by the San Patrignano methodology and adapted to the Swedish context. The focus of the study visit was to understand how the organization operates and how it collaborates with social services and with the criminal justice system in Sweden. Work and job placement have a pivotal role in the Basta model as it was shown in the visit of two of the premises in Basta Nykvarn and Basta West - Brunsbo.

Triple R partners highlighted the following aspects as **best practice**:

- **Empowerment based model:** Basta model aims at empowering the users, using work as therapeutic tool for self-knowledge, sustainability and social integration. At Basta there are no therapist, doctors or nurses.
- **User run:** Basta is a user-run enterprise; it is a company where the power is in the hand of the co-workers. Newcomers are gradually integrated in the system and start working and

contributing to the life of the organization. Everyone is needed and has responsibilities and tasks to follow.

- **Social enterprise:** Basta structure is a social enterprise with many locations and branches, running a range of businesses from pallet company to hotel and conference center to dog hostel or graffiti removal, just to mention a few. Each worksite is a separate profit unit; the power is decentralized and allows for an empowerment and a certain degree of autonomy. The social enterprise follow the philosophy of top quality that foster both the rehabilitation mind set of the users as well as contributing to business profitability.
- **Self-sustainability:** Basta has achieved self-sustainability thanks to a combination of service and good production on site and selling the treatment placement to social services and to the judiciary system. The municipalities pay for the first year rehabilitation at Basta, while the user contribute with his/her own work to the sustainability of the organization and after the initial year the residents are offered time limited to permanent employment contracts with the final aim of eventually becoming a member of the not-for profit association.

Some **criticalities** had also been raised:

- **Low interaction among the guests:** in the Basta model the focus is more on work and not so much on the interaction among the residents. It was perceived that the users are often performing their job alone and are lacking opportunity for socialization.
- **Relapse and recidivism considered as part of the program:** Basta has a high level of relapse among the user. The organization follows a non-judgmental approach and respects individual choices of people who want to drop off from the program. Basta believes that relapse is part of rehabilitation and also keeps an open door for former residents who want to come back to the program and
- **No activities to deepen self-knowledge:** one of the partner highlighted that Basta is not offering opportunities or activities that could stimulate or deepen self-knowledge. This aspect is crucial in supporting coping with the void experienced by the recovered users after finishing a rehabilitation program or after work during leisure time. Getting to know one-self and learning how to manage feelings and socialization should be further considered.

Overall the evaluation of the Swedish experience collected the following feedback:

**Efficacy:** there was quite a disagreement on the efficacy. 28,5 % of project partners rated it respectively as excellent, good and partially satisfactory, while 14% considered it satisfactory.

**Visibility:** this aspect registered 28,5 % respectively of excellent, good and satisfactory and 14% of partially satisfactory.

**Sustainability:** it collected a strong consensus with 71% of the partners assessing it as excellent and few criticism with 14% considering it respectively as satisfactory or partially satisfactory..

**Social Impact:** also got a positive evaluation with 43% of excellent, 28,5% of good and 28,5% partially satisfactory.

### Trainings on recovery

#### **CeIS Rome and the Human Project model**

*It is interesting to see how CeIS Rome use therapy as an integral part of rehabilitation*

## Quote from Triple R project partner

The first Triple R training took place in Rome, organized by CeIS Rome and to illustrate the Italian rehabilitative model based on the Progetto Uomo- Human Project philosophy. Inspired by Christian values, the Human Project created an Italian way to address drug addiction problems avoiding the polarization between medicalization and psychological intervention, focusing on developing autonomy for individuals. Triple R partners visited the CeIS therapeutic communities San Carlo in Castelgandolfo and Santa Maria in Rome. Furthermore, presentations had been given on the double diagnosis intervention model, and the ECO youth project.

The following **best practice** had emerged during the training:

- **Creation of an ethical space:** the human being and its needs are at the center of the Human Project. The rehabilitation path is oriented to achieve autonomy, thanks to the creation of an ethical space, that will support recovered users to take the important decision in life and become independent, upon completion of the program.
- **Treatment for double diagnosis and comorbidity patients:** at the San Carlo therapeutic community, CeIS Rome offers programs based on serial, parallel and integrated treatment to address mental health issues.
- **Program for adolescents:** at Santa Marta therapeutic community CeIS Rome implements the ECO project, for early intervention and treatment for children with double diagnosis. ECO services are providing an effective prevention model and responds to emerging threats for youngsters engaging with families and institutions.

Some **criticalities** has also been raised:

**Economical dependence from the Italian government:** two project partners highlighted that the reliance to national funds create a lot of pressure on the organization and create instability about the future and could pose the threat of cutting down some of the services provided.

**Flexible structure:** one of the partner noted that the flexibility and adaptability of the CeIS Rome program makes it look like an organization in transition that has not yet clear how it will end up.

Overall the CeIS Rome training has been rated as following:

**Efficacy:** 72% of the respondents considered it good, while 14% rated it respectively as excellent and satisfactory.

**Visibility:** 71% of the interviewed considered it good and 29% excellent.

**Sustainability:** 72% of the partners rated it as good, while 14% assessed it respectively as excellent and satisfactory.

**Social Impact:** 72% considered it as good and 14% rated it respectively as excellent and satisfactory.

## San Patrignano Model

*We are very impressed by the San Patrignano model.*

Quote from Triple R project partner

*San Patrignano is a very unique experience.*

Quote from Triple R project partner

*Vision, model, quality.*

Quote from Triple R project partner

The training in San Patrignano offered a unique opportunity to learn and live the recovery-oriented methodology of the community in practice. Triple R partners were hosted in the community premises, participated in job training workshops with the residents, engaged in dialogue with them. Furthermore, they also attended lessons on different aspects of the community such as the therapeutic program, the admission process, the interventions with people with special needs, the educational offer, the rentable activities, the legal assistance and support, the health care services, the fundraising activities to support the community and the social reintegration process.

- The following **best practices** on the San Patrignano model emerged during the training:  
**Long-term drug free program:** San Patrignano offers a residential, drug-free program, free of charge for residents and their families. The key of its success is allowing time for change and provide opportunities to drug users so that they can recover and return to society as productive members.
- **Size of the program:** San Patrignano is home to about 1400 people in recovery. The community resembles a little town in beautiful Italian landscape, which is also contributing to healing. The size of the community and the premises allow for plenty of activities and vocational trainings.
- **Empowerment oriented:** San Patrignano model is about empowering people, getting rid of addiction and setting a solid foundation for a meaningful drug-life.
- **Job and vocational training:** the community offers trainings and internships in a range of productive activities that boost self esteem of the residents as well as provide top skills for the labor market, preparing for the reintegration phase.
- **Educational opportunities:** San Patrignano supports education as one of the leading tool for empowerment, and encourage residents to resume interrupted studies or to begin new courses earning degrees.
- **Gender approach:** the community offers gender-based program for women, adolescents, pregnant women with children in order to respond to their needs.
- **Center for minors:** San Patrignano counts with 2 houses for female and male minors, offering them an age appropriate program.
- **Interpersonal relations family and ex-users:** the community resembles a big families, with strong interpersonal relations among residents and mentors. The majority of the educators are recovered users graduated from the program, leading vocational trainings and providing a living example of recovery while helping others in their recovery journey.
- **Quality and excellence:** San Patrignano philosophy is inspired by the idea of quality and excellence as a tool for boosting self-esteem and confidence in residents. Aiming at excellence is contributing to the recovery path of the individuals, who are experiencing success and rewards, and also to the community that could sell top-quality products and services supporting its self-sustainability.

The main **criticality** raised by the project partners regards **sustainability**.

San Patrignano follows a principle of gratuity, and refuses to ask for tax-payers money or a contribution from the residents or family. The sustainability is achieved 50% throughout the selling of products and services and 50% thanks to private donations.

Fundraising activities, microfinance opportunities and new paths have been put in place to move towards a higher level of self-sustainability in the near future.

Overall the evaluation of the San Patrignano experience collected the following feedback:

**Efficacy:** there was indeed a positive view on efficacy: 86% of the project partners rated it as excellent, while 14% considered it good.

**Visibility:** also got a very positive feedback with 71% excellent, and 29 % good

**Sustainability:** registered a more diverse opinion with 42% good, 29% excellent and 29% satisfactory.

**Social Impact:** also got a positive evaluation with 57% of excellent and 43% good.

### **General comments on the study visits and trainings**

Project partners shared suggestions on the **things that could have done differently** and specifically highlighted the following:

- The activities during the study visits and training could have developed and shaped more visibly around the thematic pillars of the project.
- An introduction or criteria for choosing to visit local organizations during the study visits, would have been helpful in better understanding the context
- A respondent also wished for a bigger variety of organizations working in the drug field to be visited, in order to compare outcomes and efficacy.
- Two interviewed wished for more time for discussion on how to compare the practices and incorporate them in the rehabilitation model.
- Two partners wanted to spend more time with the people in rehabilitation

Furthermore the respondents elaborated on the **aspects that they wished to be further elaborated in the study trips and trainings.**

- A partner wished for more information on the programs and the methodologies of intervention to be shared.
- Two respondents stressed the interest in the governance, rules and public private cooperation and staff trainings, as empowerment tools for their own organization.

Few suggestions were also shared on the **aspects that were missing:**

- One respondent wrote about the lack of a more organized structure to compile and share the information, which could have guarantee a better uniformity to the project exchange
- Another one reiterated the importance of the activities being more explicitly articulated around the project thematic pillars.
- One project partner shared the difficulties in the implementation related to the language problem. English knowledge level differs a lot among the partners and sometime the lack of local experts that could fluently speak in English led to the need of translation and therefore slow down the activities during the visits.

### **Knowledge and learning on recovery**

The evaluation assessed the **level of knowledge of the partners on recovery previous** to the Triple R best practices exchange as well as their level of knowledge **afterwards**, their level of **satisfaction with what they have learnt** and the ways **their organization will benefit form it.**

7 out of 9 respondents replied fully to this part of the questionnaire, therefore the percentages are referring to this proportion. The 2 partners who decided not to answer declared they had no specific competence on the subject.

Regarding the knowledge on recovery previous to the project, 43% of the partners consider it respectively excellent and good, while 14% assess it satisfactory.

After the project exchange, the respondents shared a fairly increased knowledge with 74% of excellent and 29% of good, showing quite an increase in knowledge acquired during in the project exchange.

Overall the level of satisfaction on the learning is very positive: 43 % of the partners have learnt more than they expected, 43% somehow what they expected and just 14% less then they expected.

Partners stressed that the **main lessons learnt on recovery** are the following:

- **Recovery is very difficult to achieve alone.** It is a **group effort** and it needs a structured intervention, including group and individual counseling and eventually also medical assisted treatment.
- **Recovery is a long-term and individualized process,** beginning with a **motivation to change,** and hopefully **without a time limitation.** It should include all the stages of treatment, such as early intervention, harm reduction, rehabilitation, after care activities and social reintegration.
- **Recovery should be the objective of the rehabilitation and reintegration.** Total recovery means that the former addicts should be empowered, fully reintegrated person and active, responsible and productive citizens.

Overall the **level of satisfaction on the increased know-how level on recovery** has been very positive: 42% of the interviewed considered themselves very much satisfied, 29% respectively very satisfied and satisfied. The partners shared the following comments on the key areas of expertise:

- Learning about other institutions, new project, solutions and great examples.
- Being inspired to create new ideas and implementation.
- Getting to know different approaches and cultural contest.
- Assessing the influence of policy and economic circumstances on the methodologies.
- Acquiring a more complete knowledge on addiction and correlated problems like gender violence, comorbidity and homeless.
- Obtaining and increased knowledge on the legal framework of drug related crimes and interventions.

Overall the partners replied assessing that **their staff benefited from the project:** 43% greatly benefited from the training and 28,5 % respectively were satisfied or somehow satisfied with it.

Specifically the **top skills acquired** had been identified as the following:

- Presentation and implementation of projects
- Evaluation
- Skills on social reinsertion
- Staff training and job skills
- Drug treatment court model
- Management of the phases of recovery
- Resource management and sustainability
- Use of social justice to develop motivation
- Public -private networking
- Enterprise oriented social rehabilitation and reintegration programs
- Technical knowledge on comorbidity interventions
- Ad hoc skills for programs for people with special needs such as minors and adolescents

The respondents reported that **their organization would benefit from the Triple R project exchange:**

- Sharing practices and transfer of information, which are useful in increasing know-how and implementation of programs and projects.
- Creating a wider rehabilitation chain in the organization, improving the rehabilitation model to offer a more individualized intervention.
- Creating a therapeutic community (TC) inspired program in one of the organization premises or a TC facility.
- Gathering new ideas for future projects, especially in the field of the social entrepreneurship (highlighted by 2 partners).
- Strengthening the private partnership cooperation in establishing crucial figures like the case manager or liaison, based on the Belgian experience of the drug treatment courts.
- Understanding national peculiarities to better tailor the interventions in the rehabilitation program for foreigners.
- Improving the programs on social reintegration, enhancing the employment opportunities for former addicts (2 partners)
- Managing resources and opportunities to increase sustainability
- Designing and implementing international projects (2 partners)
- Developing a more coordinated framework for a quality system and evaluation of program results.
- Improving internal organization of visits for foreign governmental and non governmental organizations
- Coordinating with admission office for establishing a more efficient protocol on testing to assess drug related pathologies or mental illnesses.
- Ameliorating the interventions with female and male minors and offenders in alternative sentencing to prison.

The partners identified some **areas in which they would have wished to learn more:**

- Social reintegration: specifically on the links with job training and placement ((2 partners), tools for reintegration and how it is handled in practice.
- Challenges of each model and solutions identified.
- Interpersonal relations: how to improve human skills and create a bond of trust
- Legal system on alternative to incarceration: learning more on the practice in the EU countries and of the implementation of programs according to the legal context.
- Public and private governance: how to foster the cooperation in the long run.
- Decision making process in the organization.
- The use of rules and authority while dealing with users.
- Experiencing the daily implementation of programs and further interaction with the residents getting to know their thoughts, the challenges they face during recovery.

### **National and international perspective**

Furthermore the questionnaire investigated on the perception on recovery at the national level, the engagement of the organization with the recovery movement, and on the importance to advocate for and invest in recovery in drug policies.

**National perspectives.** According to partner's feedback in **Croatia** the idea of recovery is still quite new and there is a lot of skepticism about the outcome. The government has a favorable approach to it, but there is still a predominance of medical treatment and few options for long-term treatment.

In **Italy**, there is an increasing social acceptance towards drugs and more tolerance about the consumption and a decrease risk perception. A worrisome trend is the marijuana business and the spreading of commerce of cannabinoids within the legal framework.

In **Sweden**, the mayor trend seems to be medicalization and stabilization of drug users more than the programs promoting recovery.

**No information** on the situation in **Belgium** or **Spain** was shared in the questionnaire.

The partners shared that their own organization will benefit from the acquired knowledge on recovery, improving their rehabilitation program (71%) or advocating for recovery with the local and/or national institutions (29%).

- They recognized the **importance of investing in recovery in their own organization** for the reasons below:  
in **Croatia** there is a need for foundation working on recovery. There is a willingness of help and people in the drug field believe recovery is possible and has a successful results and outcome.
- Dianova in **Spain** and San Patrignano in **Italy** are supporting recovery as part of its own mission.
- Ceis Rome in **Italy** also believes in the importance of recovery as one of the contribution of civil society and promotes the concept of risk reduction instead of harm reduction, as a more complex and holistic approach to support drug use prevention and treatment.

**At the national level**, the respondents stressed that **recovery is important because:**

- In **Croatia**, public opinion needs to know that addicts are not just a burden, but if supported towards recovery they could turn into positive members. Furthermore national policy needs to focus more on drug free treatment, since the state decides which programs are financed.
- In **Sweden** it is important to showcase that drug users are resourceful people with knowledge and power and that within the right structure can empower themselves and change their life.
- In **Spain**, Dianova highlighted that is a need to increase the number and improve the quality of recovery based programs.
- In **Italy** CeIS Rome commended the work done by the Anti Drug Department in promoting drug prevention and recovery, establishing a good public private cooperation that should continue.
- San Patrignano is highlighting how recovery contributes to reduce the costs of the welfare state and considerably lower the health and social costs. Moreover, it is also contributing to breaking the chain of addiction in second-generation addicts and their children.

Regarding the **dissemination of the knowledge on recovery**, partners shared that they plan to approach NGOs, national offices for combatting addiction, relevant ministries with drug related portfolio, such as Ministry of Health for example, policymakers, national and international agencies, local, national and international networks. San Patrignano highlighted that recovered users and their families are the best recovery champions. The international institutions such as the

EU and the UN should embed recovery in their document and also provide guidance on the implementation. The role of civil society should be to make policymakers accountable for good policy-making and also follow up on the implementation at the national level.

The **international value of investing in recovery**, has also be validated in the questionnaire and the following remarks have been shared:

- **Addiction problems are solvable:** users need support, no one deserve to spend his/her entire life on addiction.
- Best practice exchange contributes to **improve the interventions** and creating **better recovery models**.
- The **value of the addicts** should be recognized, since they **could become positive members** of society.
- Further actions are needed to ensure that the **fight against drugs is not limited to the adoption of measures to reduce or control the availability of the substances**. **Other important aspects that need attention** are strengthening **primary prevention, early intervention, treatment, care and rehabilitation, rehabilitation and social integration**.
- **The ethical value of the right to a healthy life** should be safeguarded, preventing youngsters in entering drug consumption.
- **Opportunities and treatment should be given to users, instead of punishment**.
- **Further investigation** is needed **in the field of recovery** and **its links to economics to assess and size the actual cost of addiction** and the **savings while investing in recovery in a coherent way**.
- **Governments should be encouraged to look into the recovery paradigm and its results** so far and embrace the recovery model, adding it in their national strategy and action plan, securing also the implementation.

The Triple R **contributions on recovery** that the partners would like to see **reflected at the EU level** is the following:

- **Recovery it is possible, it is sustainable** and **it is an investment** that brings multiple benefits to society, including social reintegration (3 partners).
- **Further evidence should be collected on the balance between costs and benefits of the recovery-based programs** to promote their diffusion.
- The **correlation between drug use and health risks should be shared** and **public opinion needs to be aware of it**.
- There is a need to **fight against lobbies that have an interest in making profit form a culture of drug consumption, disregarding the public health mid and long-term consequences**.
- **Recovery is a human right** and should be seen as such.
- **Recovery is already included in the EU strategy, but more efforts are needed to go beyond mentioning the concept, towards a more structured system to promote the implementation of it into practice**.

### **The Triple R HERMESS model on rehabilitation and recovery**

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

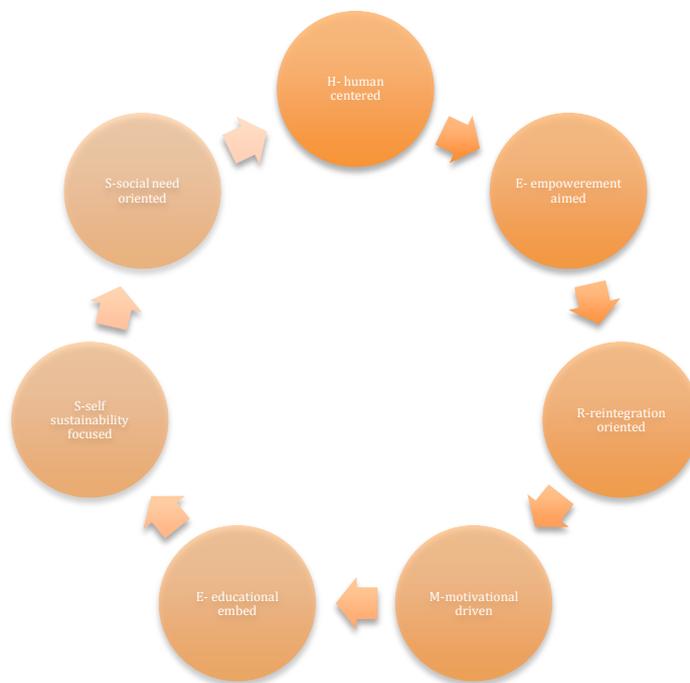
**H-human centered**

**E-empowerment aimed**

**R-reintegration oriented**  
**M-motivational driven**  
**E-educational embedded**  
**S-self sustainability focused**  
**S-social need oriented**

The key concepts of the HERMESS are further elaborated in this session and have also been captured in a video, produced by the San Patrignano Audiovisuals. The video features interviews with project partners, providing highlights on each Triple R partner work and methodology and it is intended to be a complementary tool along with the manual in the dissemination of the project results and best practices. The video has been posted in the Tripe R website and is publicly available at <http://www.tripler-project.eu/triple-r-rehabilitation-recovery-and-reinsertion>

The image below is presenting the key elements as Visual Chart, highlighted as lessons learnt that could help professionals, practitioners and policy makers interested in knowing more on the essence of the rehabilitation programs.



### Human centered

A successful recovery program is the one that assesses and addresses individual needs and finds the best way toward rehabilitation and recovery. Human beings and not the substance or drug of choice should be seen as the core center of the program. Working on the root causes or the co-causes that led people into addiction is the key to help out those who decided to quit their addiction. Triple R project has been very much focused in underlining the importance of each individual as unique, and so should be the intervention.

One other key aspect of human life is time. Although in some case the rehabilitation program needs to follow a timeline, due to the public contributions or the funds to run the rehabilitation center, it emerged clearly from the project lessons learnt that after years of addiction, a true recovery takes time, and the program should be a long term one. Different options have been

shown on how to make projects self-sustainable and allow the person in recovery to stay longer in the community setting if needed, in order to be ready for social reintegration. Allowing time for behavioral change is also a very important component of the individualized program Triple R strongly recommends.

### **Empowerment aimed**

The ultimate purpose of recovery is to empower people, to provide ex drug users with the necessary self-esteem, life and professional skills, they have been lacking due to drug addiction. Triple R sees recovery as a personal journey, where the individuals are actors for change, overcoming their fears and leading the foundation of a new drug free life. Different ways or methods have been explored in order to achieve empowerment or autonomy, as some of the partners also call it. Some approaches are more focused on work, professional trainings and learning by doing, some other prefer psychological therapy, both individuals or in groups.

Triple R presented study cases on the methodologies applied by project partners that are sharing insights and lessons learnt being truly inspirational in supporting addicts in their recovery programs.

### **Reintegration oriented**

Triple R demonstrated how the recovery path is intrinsically connected with the social reintegration. All the study cases presented underlined the importance of seeing the continuum between the rehabilitation and the social reinsertion. Social reintegration is considered as the farther step of the recovery. Social reintegration is also embedded in the planning, and the activities carried out in the rehabilitation are functional to the achievement of the successful reinsertion.

### **Motivational driven**

The Triple R partners have universally identified motivation as crucial determinant in the recovery path. Recovery has been defined as a personal journey where motivation is the trigger for change at the beginning of the program. It is also the force that keeps people in treatment going facing the challenges of the rehabilitation and boosting self-esteem while an initial change is achieved. Motivation plays a role in learning about ethics and in taking the right decision, abandoning shortcuts and embracing commitment, while getting a profession, a career and building up a better future for one self and for the beloved ones.

### **Educational embedded**

The Triple R model insists in the role to be played by education in recovery programs. Interrupted studies are not enough to face the challenges of today's demanding labor markets and earn a living. Formal and informal education, professional trainings, learning foreign languages and IT programs, getting degrees, are all important aspects to be included in the rehabilitation program and should be an integral part of it and not an appendix. Resources should be allocated and opportunities should be given, according to Triple R partners. Education is an investment for the future, exactly as recovery and they will mutually benefit from each other, being included in the

rehabilitation programs.

### **Self-sustainability focused**

The Triple R partners have recognized self- sustainability as the main challenge. They underlined that the search for funding is a constant struggle and a time consuming work that sometime shadows the most important social work and mission. According of each organization peculiarity, ways have been recognized to enhance self-sustainability. Securing public funds, private donations, or having services and goods to be purchased in the market are options to be looked into, while offering a rehabilitation program. Some organizations are more oriented to selling services rather than goods, but so far only Basta has been implementing a model, which is fully sustainable. For the other Triple R partners, the financial aspect is still a challenge. For this reason, Triple R suggests that self-sustainability should be included among the long-term goal of the organization and provide inspiration on how to shape activities and services toward achieving operational autonomy of the organization. In doing so, each rehabilitation center would secure the opportunity to provide the best services and have the final say on the duration and the implementation of the recovery programs offered, making the program sustainable for their residents and clients as well.

### **Social need oriented**

In the Triple R project emerged repeatedly the necessity and the call to go far beyond the addiction. The partners themselves have identified new forms of social marginalization that request active involvement and expertise. Capitalizing on the work the partners have been doing for decades on addiction, there are lessons learned from the recovery and rehabilitation that could be applied to other emerging social needs and could be inspirational for social workers operating in different fields, such as migrant, aging population and homeless. Some of the partners have been already exploring these new opportunities. New forms of interventions could be created, merging also approaches or target population, to create innovative solutions for the organizations and their beneficiaries and the community as a whole.

### **Evaluation on Dissemination events and activities**

#### **Triple R dedicated events**

##### **Spring 2017**

Two main events have been organized in March 2017 with the purpose to disseminate the highlights on the triple R project and launch the guidelines on recovery, justice intervention and alternatives to incarceration and social reintegration:

**Highlights on the Triple R project – 13 March 2017 United Nations, Vienna, Austria organized by San Patrignano**

**Launch of the Triple R publications – 20 March 2017 Norway House, Brussels, Belgium co-organized by San Patrignano and ECAD**

**The Vienna program** featured thematic presentations on the 3 main Triple R pillars, illustrating the HERMESS model on recovery, the MC CORRE model on justice intervention and ARES model on

social reintegration, reaching out Members States as well as international expert and fellow NGO colleagues following drug policy issues at the United Nations Vienna Headquarters.

**The Brussels seminar** launched the guidelines on the 3 main Triple R pillars, providing a comprehensive overview of the HERMESS model on recovery, the MC CORRE model on justice intervention and ARES model on social reintegration and presenting the related suggestions for policymakers and practitioners in the drug field.

Both events registered a good attendance, the Vienna side event at the United Nations premises counted with 35 participants, and the Brussels seminar at the Norway house gathered 24 attendees.

The participants at the side event in Vienna included 8 member state delegations (Australia, Belgium, Bulgaria, Canada, Italy, Slovenia, Thailand and United States) 14 NGO representatives and 6 International networks. Overall 15 countries had been represented (Australia, Belgium, Bulgaria, Canada, Croatia, Italy, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Thailand, The Netherland and United States).

The participants at the seminar in Brussels were mainly Belgian based organizations and project partners, but they covered 6 countries (Belgium, Croatia, Estonia, Italy, Spain and Sweden), and included governmental and non-governmental organization and international networks.

**The evaluation questionnaire** was distributed after the 2 events via SurveyMonkey and collected **18 responses**, representing **11 countries** (Belgium, Bosnia and Herzegovina, Croatia, Estonia, Italy, The Netherland, Norway, Poland, Spain, Sweden and United States), and three types of stakeholders (15 NGOs, 1 Member state and 1 international organization).

According to the feedback provided, **39% of the respondents participated in the Vienna Event, 33% to the Brussels seminar, and 28% to both events.**

**The main reasons to participate in the side event** were the following:

Triple R partners combined the attendance to a project meeting and the participation at the side events (5 participants)

Interest in the project and in learning about the best practices and the project findings (5 participants)

Networking among like minded organizations

Having a role as speaker (2 participants)

The majority of the respondents (67%) declared to be interested in all the **3 thematic areas of the project: 1) Rehabilitation and recovery, 2) Justice interventions and alternatives to incarceration for drug addict offenders and 3) Social Reintegration of recovered drug users.** Some attendees expressed just one specific area of interest: 22% chose Rehabilitation and recovery 22% Justice interventions and alternatives to incarceration, while 17% Social reintegration.

The interviewed expressed a strongly favorable opinion on the **presentation on rehabilitation and recovery. 71% of them rated that as** very interesting while 29% as quite interesting

**The presentation on justice intervention obtained a more diverse feedback:** 53% considered it

very interesting, 29% quite interesting, 12% interesting and 6% not so much interesting.

**The presentation on social reintegration also got quite a positive rating with 53%** of the respondent assessing it as very interesting, 41% as quite interesting and 6% as interesting.

**The participants to the seminar in Brussels also express a good level of satisfaction on the presentation on the feasibility study and piloting in Croatia:** 42% considered it very interesting, 33% quite interesting and 25% interesting.

Some of the respondents demonstrated interest in learning about **additional aspects of the Triple R project that could have been more elaborated:**

- **The work on motivation to keep people in the program:** tools and methodologies to foster motivation in entering rehabilitation and in retaining people in recovery
- **Justice interventions:** more information on the national programs run by project partners.
- **Public access to the Triple R movie:** the movie had been shown just in the Brussels seminar, due to the length of the movie, it was not fitting in the Vienna side event. The Triple R movie on recovery is currently available on the Triple R website.

The large majority of the attendees (95%) declared that they are **planning to download and read the publications from the Triple R website**, while just 5% shared that they would not look for further information.

**Among the respondents who were interested in the publications, 82% declared they would download and read the Manual on rehabilitation and recovery, 82% the Handbook on social reintegration and 71% the Handbook on justice intervention.**

Overall the majority of the respondents (78%) considered the Triple R project findings interesting. They are looking forward to reading more on it on the project website in the future and they are likely to speak about it with colleagues.

22% declared that the Triple R project findings are interesting, that they already got all the information they need but they might have a look at the project website in the future.

### **Collateral events where the Triple R project was presented**

#### **Conference in Gothenburg, Sweden - April 2017 organized by WFAD**

Project publication had been distributed at the conference. The project was mentioned from stage, but not in detail, just that it exists and that they could have material from it.

The conference registered 129 participants, most of them from Sweden but in total there were persons from 7 countries. Most of them were from local and regional structures in Gothenburg, but also people from the civil society, both Recovered Users network (RUN) members and also members from the civil society in Gothenburg.

#### **ECAD activities in 2017**

##### **Conference in Kaunas, Lithuania- June 2017 organized by ECAD**

During the ECAD annual conference in Kaunas, the organization disseminated the Triple R publications and raised awareness on the project findings and development. The manual and the handbooks gathered quite an interest. The attendees were 130, representing 23 European cities

and 9 countries (Bulgaria, Estonia, Italy, Latvia, Lithuania, Malta, Norway, Sweden and US) and covered governmental and non-governmental organizations.

### **Seminar in Gotland, Sweden- July 2017**

ECAD organized a seminar devoted to disseminating the results of Triple R and providing information on the project. Approximately 20 Swedish professionals attended and received the Triple R publications.

### **Event in Eskilstuna, Sweden- September 2017**

The event in Eskilstuna was a huge success, Åke Setrèus presented the Triple R movie on Recovery and some highlights on the project. The 300 participants came from Iceland, Bosnia, Norway and Sweden and hard copies of the Triple R publications were made available for them to take home.

### **Additional dissemination activities**

San Patrignano, both as project leader and in its private capacity as international advocacy organization for recovery, reached out to professional and organizations, visiting the community, illustrating the pillars and lessons learned from the Triple R project implementation.

120 among experts in the drug field, professionals and students visited the community in the biennium 2016- 2017 receiving information on Triple R and the thematic publications. Among the countries represented: China (7), Japan (1), Norway (61), Sweden (44) and the US (7).

During the 8<sup>th</sup> and 9<sup>th</sup> International Workshops held in San Patrignano in 2017, 12 experts and professionals including CEOs from NGOs, social workers nurses and students, got a chance to learn about the Triple R project results and were provided with the publications. Among the countries represented: Australia, The Netherland, Norway, UK and US.

### **Triple R Website**

A website dedicated to Triple R has been created as **a dissemination tool to provide information on the project**. The Triple R website was launched in February 2016 and since that has been updated regularly with news on project implementation and to share news on the implementation and results.

As of September 2017, the website registered **a monthly average of 87 visits**. Some of the users looked up the website twice for an average navigation of 1,30 minutes. **The most visited page is the one of the publications**, demonstrating a great interest about the Triple R content.

The visitors accessing the website were from the following countries: Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Chile, Canada, Croatia, Estonia, Italy, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, Thailand, The Netherlands, Turkey, United Kingdom and United States.

### **Electronic dissemination**

Triple R partners sent out the link to the Triple R Project website and publications to their mailing list of international contacts, including both individual and organizations, and also used the international networks they belong to disseminate the information on the project to all the affiliates and members.

## **Presentation to the Horizontal Drug Group of the European Union in Brussels, November 2017**

In occasion of the Civil Society Forum of the EU, when the Horizontal Drug Group of the European Union meet with Civil Society representatives annually in Brussels, the Triple R project was presented to the high level drug focal point of the EU member states. It was a unique opportunity to highlight the project publications, guidelines and results. The country representatives were very interested, especially the current Estonian EU presidency and the up-coming Bulgarian presidency. The member states commented the achievement of Triple R and seemed interested in learning more.

## **Evaluation on Triple R Manual on recovery**

### **Work on the Triple R publications**

The work on the Triple R publications had been a shared effort and all partners contributed actively, organizing their input according to the format provided by the project coordinator. Each partner designated a focal point in their organization with the purpose to coordinate the collection of the information and compiling a preliminary draft contribution.

Staff meeting, interviews and focal groups have been created to respond to the dedicated questions of the survey. Material has been collected and some of 5 partners established an internal working group to facilitate the task of the drafting.

In terms of work, 2 out of 7 partners dedicated more than 50 working days to the drafting, 3 contributors allocated 1 full month to it and just 2 partners declared to have devoted 10 days or less to the task.

### **Partners' expectation on the publications**

The partners had quite a **positive feedback**: 43% declared that they expected the publications to be greatly relevant, 28,5% replied that they would be extremely relevant and other 28,5% satisfactory relevant.

57% expected the publications to be greatly relevant for their daily work, while 14 % respectively foreseen them to be extremely, satisfactory and somehow relevant.

The feedback on the importance of the project results at the international level has also been very positive: 43% of the partners assessed it as extremely and greatly relevant and 14% as satisfactory relevant.

A strong consensus had been recovered on the importance of the project results at the international level: 57% of the partners agreed they would be extremely relevant and 43% greatly relevant.

The partners also had very positive feedback on the importance of the Triple R publications for the **professionals in the field of the recovery**: 57% expected them to be greatly relevant and 43% extremely relevant.

Even a more positive assessment was shared for the relevance of the publication for **professionals in the social reinsertion field**: 72% declared that it should be greatly relevant and 28% extremely relevant.

The same positive feedback had been shared for the importance of the publication for **professionals in the justice intervention field**: 72% declared that it should be greatly relevant and 28% extremely relevant.

Regarding the relevance of the **publication in improving the current services**, the overall feedback was quite positive.

In the field of **recovery**, the partners assess the contribution as extremely relevant (57%), greatly

relevant (48%) and satisfactory relevant (14%).

Regarding **social reintegration**, the judgment was the following: extremely relevant (43%), greatly relevant (43%) and satisfactory relevant (14%).

On **justice interventions**, the feedback was extremely relevant (57%), greatly relevant (28%) and satisfactory relevant (14%).

Furthermore the partners shared some comments on the **possible feedback on expectations from the readers who at had not been involved in the project.**

They believed that they could expect some of the following:

- Reading on the project best practices,
- Finding some practical tools,
- Finding national overviews and study cases,
- Shading knowledge on recovery and providing real and feasible models and replicable examples,
- Gathering information on how to replicate recovery models,
- Learning on other intervention models and implementation in all the 3 thematic pillar of the project,
- Reading drug policy suggestions promoting recovery, and
- Learning about evidence based approaches and study cases.

### **Feedback on the publications based on the Triple R publication satisfaction survey**

The survey checking on the level of satisfaction with the Triple R publication has been disseminated after the launch of the publication via Survey monkey, reaching out project partners, NGO colleagues and attendees to the to the Triple R events.

Furthermore, the link to access the questionnaire has been posted on the Triple R website, in the same page where the manual and handbooks are available for download, with the purpose of stimulating an interest in responding to the survey.

The survey has been up for 4 months and was officially closed at the end of August 2017.

**The response to the questionnaire was lower than expected** showing **some disengagement** after the initial interest in the project. It seemed that both project partners and attendees felt already satisfied with the events and the information gathered during the dissemination of the project and did not feel the need to answer to the questionnaire. Furthermore the timing of the survey during the holiday season combined with the questionnaire fatigue produced a low level of responses.

However, according to the feedback collected, the following conclusion on the level of satisfaction can be drawn.

**13 organizations responded to the survey representing civil society, project partners, and institutions.**

Being allowed multiple choices regarding their **main area of interest**, **46 %** chose **rehabilitation and recovery**, while **38%** preferred **social reintegration**, **31%** gave their preference to **justice intervention**, **8%** demonstrated interest in **research on addiction** and **23%** chose **other subjects such as drug prevention**, start up o TC communities in their own countries or developing personal motivation in addicts who want to quit addiction.

**All three publications got a very positive feedback. 62%** of the respondent shared that they are interested in all of them, **23%** express a particular interest respectively in the **Manual on rehabilitation and recovery** and the **Handbook on justice interventions and alternatives to incarceration**, while **8%** preferred the **Handbook on social reintegration**.

The majority of the respondents (**54%**) stressed that **all the part of the manual and handbook where relevant for their work**. More specifically the recommendations for policy makers have been recognized to be **very useful by 38%** of the interviewed. **15%** of the respondents found the **recommendations for practitioners** and the Triple R model **equally useful**, while **8%** considered the study cases more relevant.

In general terms, **54%** of the interviewed considered the Triple R publications **greatly relevant for their organization**, **31%** extremely relevant and **16%** satisfactory relevant.

**54%** of the respondents rated the Triple R publications as **greatly relevant 38%** satisfactory relevant and **8%** extremely relevant **for their daily work**.

**Quite a good feedback was collected regarding the importance of the Triple R publications for policymakers at national level**, **38%** declared it was satisfactory relevant, **31%** greatly relevant, **23%** extremely relevant and only **8%** somehow relevant.

**A similar response but with even more positive feedback was gathered regarding the relevance of the Triple R publications for policymakers at the international level:** **39%** of the respondents considered it satisfactory relevant, **31%** greatly relevant, **23%**/ extremely relevant only **8%** somehow relevant.

**Specifically on recovery, the publications were considered relevant for professionals in the fields of recovery:** **61%** of the interviewed considered **greatly relevant**, **31%** extremely relevant, and **8%**satisfactory relevant.

**54%** of the respondents assessed them as greatly relevant, **23%** extremely relevant, **15%** somehow relevant and **8%**satisfactory relevant **in improving the current services in the field of recovery**.

## PHASE II (2017)

### Croatian assessment and piloting

The Croatian partners worked with the evaluator in identifying key features in the Croatian reality and providing a shared understanding of the current needs of the drug treatment service providers with the aim of designing a feasibility study on recovery-oriented programs based on the Triple R guidelines.

The needs assessment has profiled the diversity of Croatian needs for treatment, including rates of morbidity and mortality (for example, infection with blood borne viruses), the degree of treatment saturation or penetration, and impact of treatment on individual health, public health and offending. The approach has benefited from a clear understanding of the socio-demographic profile of Croatian drug users, including their children and families, as well as examining the referral routes into treatment, levels of effective engagement with the treatment, reintegration and recovery system, recovery based programs and successful completion and outcomes from treatment interventions.

The needs assessment has taken local action in Croatia to suggest Triple R inspired services with different Croatian stakeholders. It has been able to shed light on the key questions of employability and housing needs amongst the Croatian drug treatment population.

### Methodology

#### Qualitative analysis and quantitative sources of information

Drug services and interventions are based on both qualitative and quantitative data, forming evidence-based methodologies. Needs assessment involves the collection of data from a number of sources. In some cases, data already exist in the form of routinely collected data sets, the results of local population surveys, and published or unpublished research papers. Other information has been collected through, for example, focus groups or one-to-one interviews with practitioners and service users.

In this Feasibility Study, evaluators selected fundamentally Qualitative analysis of primary data, with quantitative analysis of secondary data (Reports and Memories). Half-structured interviews, combined with Focus groups have been used for compiling information.

A considerable range of qualitative approaches use semi-structured and unstructured interviews. All qualitative and semi-structured interviewing has certain core features in common:

1. The interactional exchange of dialogue (between two or more participants, in face-to-face or other contexts).
2. A thematic, topic-centered, biographical or narrative approach where the researcher has topics, themes or issues they wish to cover, but with a fluid and flexible structure.
3. A perspective regarding knowledge as situated and contextual, requiring the researcher to ensure that relevant contexts are brought into focus so that the situated knowledge can be produced. Meanings and understandings are created in an interaction, which is effectively a co-production, involving the construction or reconstruction of knowledge. (Mason, 2002)

As a social event, it has its own set of interactional rules which may be more or less explicit, more or less recognized by the participants can discover, uncover or generate the rules by which they are playing this particular game. The interviewer can become more adapt at interviewing, in terms

of the strategies which are appropriate for eliciting responses (Holland and Ramazanoglu,1994). Both interviewers and interviewees can learn more about certain aspects of themselves and the other, with or without this being an explicit part of the interactional exchange.

In general, academic researchers often favor the convenience sample – available by means of Accessibility. To assurance the accessibility in the current research, evaluators contacted the relevant stakeholders, sending out an invitation letter, having the Croatian partners Stijena, San Patrignano Association Split and Institut following up to organize the interview.

A major characteristic of qualitative research then is that it is theoretically driven, and this also applies to the construction and selection of the sample in a qualitative interview study. A more general way of thinking about theoretical sampling in qualitative research is that selection is made on the basis of relevance for the theory to be confirmed, producing example validating the theory. These emerging examples will be both theoretical and purposive, selecting particular exemplary cases for the needs of your study. The current study included different categories for this sampling of relevant stakeholders in Croatian network;

- Public and private organizations working in national, regional and local level;
- Public and private organizations with political and/or technical participation into the network
- Public and private organizations with long-term knowledge about the evolution of drug social problem in Croatia.

The information has been compiled in a 1st analysis, with a 2nd analysis done 5 months later, with a deeper and focused study on proposals and programs concretely planned for Croatian reality and context. The objective of this analysis done in two phases has been to collect information to compile a Croatian network needs assessment and compare the information in a focus group later on, achieving a higher level of understanding and providing concrete proposals.

The number of interviews collected in this study has been 22 (20 in 1st analysis, 2 in 2nd analysis). These interviews have been done in Croatian, English, Italian and Spanish. Croatian partners (Mirjana Vojinović, Darko Condic and Sinisa Panic) served as translators, whenever necessary, to facilitate communication.

Additional qualitative information has been collected with the inclusion of focus groups. Traditionally, focus group research is “a way of collecting qualitative data, which—essentially— involves engaging a small number of people in an informal group discussion (or discussions), ‘focused’ around a particular topic or set of issues” (Wilkinson, 2004, p. 177). Focus groups are less threatening to many research participants, and this environment is helpful for participants to discuss perceptions, ideas, opinions, and thoughts. Multiple types of data were collected during focus groups, including audiotapes of the participants from the focus groups, notes taken by the moderator and assistant moderator, and items recalled by the moderator. The focus groups developed during the Study visits were:

- 1st analysis: Professional staff of social services, in Zagreb (20/04/2017), 5 participants.
- 1st analysis: Drug users in harm reduction program, in Pula (25/04/2017), 9 participants.
- 2nd Analysis: represents of Government Office of Fight Against Drugs, Ministry of Justice and University.
- 2nd Analysis: Drug users in harm reduction program, in Pula (25/04/2017), 9 participants.

## Review of existing sources of information

The aim of data collection is to build up a picture of the overall size and nature of the need in a local area for a range of harm reduction and treatment interventions. An initial task is to bring together information that is available in the local area and prison establishment about the delivery of services that form the local treatment, reintegration and recovery system. The aim of gathering this information is to establish the range of needs currently being met by services (including their capacity and accessibility), thus bringing into focus the gap between the needs of the target population and current service provision. This analysis will then enable key questions to be asked, for example:

- Does the range of provision meet identified local needs?
- Is there evidence of unmet need which remains to be addressed?
- Can what has been commissioned be improved upon in terms of accessibility, effectiveness and cost-efficiency?

Transcript-based analysis represents the most rigorous and time-intensive mode of analyzing data. This mode includes the transcription of videotapes and/or audiotapes. These transcribed data can then be analyzed alongside field notes constructed by the moderator and assistant moderator and any notes extracted from the debriefing of one or more members of the debriefing team. Another mode for analyzing data from a focus group is tape-based analysis, wherein the researcher listens to the tape of the focus group and then creates an abridged transcript. This transcript is usually much shorter than is the full transcript in a transcript-based analysis. Notwithstanding, this type of analysis is helpful because the researcher can focus on the research question and only transcribe the portions that assist in better understanding of the phenomenon of interest. Note-based analysis includes analysis of notes from the focus group, the debriefing session, and any summary comments from the moderator or assistant moderator. Although the focus group is audiotaped and/or videotaped, the tape is used primarily to verify quotations of interest to the researcher, although the tape can be used at a later date to glean more information. Finally, a memory-based analysis is the least rigorous because it involves the moderator recalling the events of the focus group and presenting these to the stakeholders.

Keywords-in-context: The purpose of keywords-in-context is to determine how words are used in context with other words. Furthermore, the contexts within words are especially important in focus groups because of the interactive nature of focus groups. Thus, each word uttered by a focus group member not only should be interpreted as a function of all the other words uttered during the focus group, but it should be interpreted with respect to the words uttered by all other members of the focus group. Keywords-in-context involves a contextualization of words that are considered central to the development of themes and theory by analyzing words that appear before and after each keyword, leading to an analysis of the culture of the use of the word (Fielding & Lee, 1998).

To make the analysis of concepts and categories we made a previous selection of these categories, in order to manage the information and structure the results.

Triple R keywords used in the research have been:

Recovery, rehabilitation, social integration, types of drugs, social structure, education, specific groups, legal system, probation, drug treatment, harm reduction, substitution treatment, network, profile, patterns, health, social services, employment, NGO.

For analysis, these keywords have been integrated in several categories:

- Category Profile/patterns: types of drugs, social structure, education, specific groups
- Category Treatment network: drug treatment, harm reduction, substitution treatment, health, social services, employment, NGO
- Category Recovery/Rehabilitation/Social Reintegration: Recovery, rehabilitation, social integration, legal system, probation,

For Qualitative analysis, evaluators have used the tool ATLAS.ti V8. ATLAS.ti is a computer program used mostly in qualitative research or qualitative data analysis. The purpose of ATLAS.ti is to help researchers uncover and systematically analyze complex phenomena hidden in unstructured data (text, multimedia, geospatial). The program provides tools that let the user locate, code, and annotate findings in primary data material, to weigh and evaluate their importance, and to visualize the often complex relations between them.

## Data analysis

### Types of drugs, social structure, education and specific groups

In the interviews, the decrease of “traditional” opiates drug users (actually using GPS), and the increase of cannabis and NPS users, especially in young population (culture of Rave Music) were reported. The current Croatian drug scene presented two different profiles of drug users:

- Poli-toxicomania/ polydrug users, especially opiates and opium derivatives, and
- NPS users (fundamentally THC+ smart drugs; legal highs)

Actual drug users in Croatian health system are Male drug users, adult people.

The decrease of heroin users is linked in the interviews with the spreading of substitution treatments in Croatian health services, embedded in the national strategy based on harm reduction interventions. Methadone and buprenorphine maintenance program are in place. The efficacy of this harm reduction strategy has been very high for epidemiological and social aspects of heroin use, fundamentally in infection diseases: HIV, HC+, HB+ rates are controlled, even when there are no needle exchange programs in Croatian public health system.

There are two emergent problems in addictive behaviors profiles and social structure in Croatia:

- Dual pathology patients in health care services, normally drug users with personality disorders, mood disorders and/or psychotic disorders;
- Binge use of NPS and binge drinking in young people, with one significant characteristic in this problem: there is same proportion male/female in binge use of addictive behaviors.

That is one of the reasons why next national strategy against addiction will include tobacco, alcohol, and behavioral addictions. In this new national strategy, Recovery is going to be one of the aim program for the pilot, especially for non-opiates users.

### Treatment network: drug treatment, harm reduction, substitution treatment, health, social services, and employment, NGOs

Harm reduction is the main strategy for drug treatment in Croatia, especially in Health services.

A treatment network, coordinated by a group of 5 NGOs, collaborates with the Ministries of Health and Justice to coordinate the national intervention and increase the social impact.

Prevention programs are in place, since, drug prevention is compulsory for the elementary and high schools and is included in schooling programs in elementary and high schools, according to the national plan on drugs. It is also carried out by Croatian public health system and the police, with the sporadic participation of the NGOs. The territorial coverage of the prevention program is very good.

A general consideration is this harm reduction network managing the opiates problem is very well structured but it is not enough to counteract the drug problems in the general Croatian population.

The problems with opiates use derived by the distribution of substitution treatment in Croatian public health centers. The use of buprenorphine and methadone in drug users population is very spread. A clear need for more control of substitution therapies (methadone and buprenorphine), especially for young population emerged from the study. The experts are finding a new pattern of opiates use that doesn't includes heroin use: there are a new style of drug users in Croatia whose main consumption substances are methadone and buprenorphine, with the added side problem of the creation of a "black market" of opiates.

According to the Office for combating drug abuse in charge of the coordination of drug policies, main problems are:

- Counselling office not having executive management responsibilities.
- Enhanced coordination between rehabilitation program, prison and health system
- European standards and European Best Practices: need to improve quality standards implementation
- Need of evaluation of substitution therapies
- Enhanced coordination at the local level: 21 counties in Croatia
- Increase of researches and studies: universities and external researchers
- Evaluation of efficiency of treatment programs

The global cooperation between Health system and NGOs in the drug problems network is based mostly in maintenance programs and substitution treatments. There is a demand for alternative treatment services, especially recovery-based programs. Therapeutic communities (TCs) were the most popular kind of rehabilitation alternative in 20th century. Some problems with therapeutic communities emerged, especially regarding the qualification and certification of centers and staff: it was very common to find treatment centers managed by former drug users, with no professional staff, without structured programs and no evaluation system in place. In 2007, the Croatian government (Office for combating drug abuse) approved and released professional standards for NGOs operating TCs, as a possible solution of these problems with some non-professional TCs. The Office for combating drug abuse created the expert standards for therapeutic communities in the framework of a national project called CARDS. Technical standards and minimal conditions are regulated and there is an Ordinance on minimum conditions for the provision of social services (NN 40/2014).

Currently, the number of TCs, the diversity of programs and approaches and territorial allocation of residencies satisfies the needs in Croatia. Drug- free programs are still the most widespread rehabilitation programs that are carried out by NGOs and one public institution. NGOs have contracts with the Ministry of Health and receive retribution based on the number of users. Organizing a drug- free program in the health system require a synergy among different actors.

The Office against drugs should coordinate this effort. NGOs provide psychosocial services in the drug network and are considered experts by the Government Office for Combating Drug Abuse.

In the research, evaluators collected information about the next steps in recovery-based programs in the social and health field in Croatia. There is a recognized problem with the alternatives to opiates treatment and the new patterns of drug use. For this reason recovery is going to be included in National Strategy as one of basic lines, as it is happening in other countries in Europe and Recovery- Based programs (professional programs with evaluation systems) are going to be integrated in the national system. Since 2014, several guidelines for psychosocial intervention, including orientations about case management and contingency management/contingence reinforcement approach (CRA) have been published.

A lack in the Croatian intervention system has been identified: the need of motivation programs for drug users and specific trainings in motivational strategies for technical and administration staff. The Office for Combating Drug Abuse informed that they had organize trainings for all stakeholders who participated in the implementation of the program of demand reduction, including two sets of trainings for workers and assistants in therapeutic communities. Despite this effort, many stakeholders during the interviews shared the needs of training in motivational interviews for practitioners to increase treatment implementation and efficacy.

### **Recovery, Rehabilitation and Social Reintegration**

As highlighted previously in the report, there are Health system outpatient services in any county in Croatia with free of access to drug treatment, attended by multidisciplinary staff (psychiatry, psychology, nurse). Every county health structure intervention is focused on addiction. According to the stakeholders, the Croatian Health System is considered one of better public health systems in Europe, especially for the implementation of European Best Practices and EBP guidelines. These health services for drug users are based in a combination of pharmacotherapy and psychotherapy. However, there are still some aspects that could be improved in the system:

- The Croatian public health system had needle exchange service through Addiction prevention agency, but it did not give desired and expected results
- There is limited access to personal motivation programs and counseling
- More budget (funds and grants) is needed for the development of clinical trials for non-opiates treatments.

The health system intervention is based on an individual approach, with psychosocial support, self-help groups, supporting programs, intervention with minorities (gipsy population, Romanian people) and possible beneficiaries ask support of NGOs. The study identified 6 NGOs and the Croatian Red Cross that work in harm. Two of these NGOs are covering more than 1 county through outreach activities. As a network, stakeholders consider as *Informal connection* the relation between public Health System and NGOs. There are several minorities groups considered by all unanimously as “not adequately attended” by the network. Among the minorities identified by the stakeholders:

- Young drug users, especially non-opiates users;
- Women, especially young women, pregnant women and women with children;
- Cultural minorities, especially gipsy and Romanian population.

Main strategy about sustainable livelihoods and programs against social exclusion in Croatia are

part of the National Project on social reintegration, active since 2007, coordinated by the national Office for Combating Drug Abuse with the participation of the Ministry of Education and Bureau of Employment.

### **Feasibility study and proposal for Implementation of pilot project**

Project partners supported the evaluator in collecting project findings on unmet need, summarizing the demographics of unmet need, the potential harms emanating from unmet need, potential numbers and whether or not they are more or less likely to be in touch with services.

Following the gap analysis stage, partners created a mapping of the needs of the local area target population and used the findings of their expert group to audit and quality comparing existing services and identified needs and, where necessary, simplify services and develop new services that will go towards meeting newly identified or emerging needs.

After this assessment the following proposals emerged:

### **Under the category types of drugs, social structure, education, specific groups, the following suggestions were elaborated:**

- NPS social health program early intervention contingency management (CRA), with a therapeutic perspective more based in empowerment, life skills, behavioral modification and personal training (Recovery based programs). It's important to highlight the relevance of health system in this kind of programs in Croatian context.
- Program of rehabilitation and social integration for Croatian population in urban areas: there are no researches, no targeting programs for this specific population. It's important to define adapted programs for socially marginalized group and the participation of Croatian social agents as collaborators and motivators of the program, to make easier the access to the general population.

### **Under the category Treatment network: drug treatment, harm reduction, substitution treatment, health, social services, employment and NGOs**

- A software to collect and share information and data into all the network, as a basic Intranet has been identified as a useful tool. Information collection and sharing among stakeholder has been identified as a possible problem, creating negative consequences for the network as a whole. Access code and restrictive access to information according to the position of stakeholders has been proposed and globally accepted in the second level focus group as a tool able to solve part of the problems of the network.
- Transfer protocol from PMM to Recovery based programs: the efficacy of harm reduction program in decreasing infections and overdoses risk has been recognized. However, the need of a coordinated system of intervention that allows drug users in maintenance programs to participate in psychosocial support, social integration programs and/or rehabilitation treatment if they decide to modify their life situation, it is widely recognized as a priority.
- Aftercare services for Recovery based programs: in order to avoid relapse after community treatment, aftercare service, based on sustainable livelihoods, social integration and job-oriented are needed. Funds and grants are needed in order for NGOs to implement this kind of programs.
- Proposal for collaboration at the local level that should be coordinated by the National

Office for combatting drug abuse according to all stakeholders' opinion. However, there are differences regarding coordination in local areas between public system and NGOs. The creation of a board with similar structure in all the regions can be useful to increase the level of communication and the transfer of information.

### **Under the category Recovery, Rehabilitation, Social Reintegration:**

Proposal for residential services and Recovery based programs for minor drug users developing two different kind of facilities for young drug users:

- 1) Recovery based programs for opiates users, even when main use are buprenorphine and methadone, that includes more pharmacotherapy and motivational interview;
- 2) Residential treatment for binge drugs and alcohol users, especially female population; more focused on psychosocial intervention.

Proposal for recovery oriented residential services for pregnant women and women with children, with a therapeutic perspective focused on empowerment, life skills, training in personal and social abilities and job-oriented.

Proposal for psychosocial treatment programs for children of drugs users, especially women, in cases it's not possible to access to a residential service.

Rehabilitation programs focused on life skills and job seeking aimed at reaching and supporting personal autonomy. The objective of these programs is to develop sustainable livelihoods for Croatian drug users upon completion of treatment.

Family training program and parental skills for families or for children of drug users that need therapy and or psychosocial support.

**As an outcome of the Triple R project, Institut Pula is starting a project of Housing and Autonomy for drug users that have been in Croatian prisons. Also, there are proposals for Recovery-based programs for women and for children of drug users in Pula (run by the same organization Institut) and conversations about Recovery-based programs in Zagreb, with NGO Stijena are currently undertaken.**

**These projects are connected with the topic of this study and the objectives of Triple R project, so it can be considered an output of the development of HOME/2014/JDRU/AG/DRUG/7092 - Triple R: Rehabilitation for Recovery and Reinsertion.**