



Triple R: Rehabilitation for
Recovery and Reinsertion

Manual on rehabilitation and recovery of drug users



Co-funded by the European Union

**This project has been funded
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PREFACE

We are proud to present the Triple R manual on drug rehabilitation and recovery.

The Triple R project is a 2-year long European project based on the exchange of the best practices in the field of recovery between EU member states.

Building on decades of work in the field of drug treatment, recovery and rehabilitation, the manual illustrates the result of the best practice exchanges among the Triple R partners that took place in Italy, Spain and Sweden in 2016. San Patrignano, CelS Rome, Dianova Spain and Basta Sweden have been actively engaged in the project, sharing expertise and views on addiction, shedding light on the methodologies implemented in the recovery program they offer to drug addicts that want to quit addiction.

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

We believe this manual will be a resourceful tool for knowledge and food for thought for practitioners in the field of addiction and for policymakers and relevant stakeholders who are interested in recovery oriented rehabilitation models and on the importance of investing in recovery as robust and long term social return for individuals, families and communities.

The Triple R project Team

ACKNOWLEDGEMENTS

Triple R would like to thank the following for their help in producing this report:

The European Commission for providing the funds to implement the Triple R project

San Patrignano, in particular Elisa Rubini and Monica Barzanti for contributing to Chapter 1

Cels, in particular Massimo di Rienzo for contributing to Chapter 2

Dianova Spain, in particular Antonio Molina and Gisela Rodriguez for contributing to Chapter 3

Basta, in particular Kristina Blixt for contributing to Chapter 4

San Patrignano Graphic Agency for the design and printing of the manual

SUMMARY

The manual presents the findings on the project exchange on recovery-oriented rehabilitation programs and provides suggestions for practitioners in the field of addiction and for policymakers interested in recovery as a strategy and paradigm in drug policy intervention.

The Chapters from 1 to 4 are dedicated to the study cases presented by each project partner describing the most important aspects of their reality: from the start up and challenges in establishing the organization, the target group and the methodologies of intervention, the evaluation of the results, the key areas of expertise as well as some insights on the future plans and activities.

Chapter 1 presents San Patrignano, the biggest residential drug rehabilitation community in Europe, providing long-term drug free treatment to addicts completely free of charge for the residents, their families and the taxpayers. Since 1978 the community has been offering a home, education, job training, and a sense of meaning and dignity to the more than 25.000 people who have been hosted. The chapter elaborates on the San Patrignano methodology, based on peer-to-peer support, empowerment and professional training, accompanying the recovered addicts into a successful reintegration as active member of the society. The structure of the community as cooperative and social enterprise will surely be inspirational for those looking to increase their own organization sustainability.

Chapter 2 features Centro Italiano di Solidarietà Don Picchi (CeIS) Rome, a therapeutic community structured as a multifunctional organization that aims at re-socializing marginalized and drug-addicts people. Started in the 1960s, inspired by Catholic roots and principles, CeIS is based on the philosophy of Project Human, the Italian way elaborated as response to the Northern American and Northern European approaches proposing a new way between the medicalization intervention and the psycho-social perspective. CeIS follows an open door policy; the services are free of charge. CeIS approach anchored on psycho-social interventions offers a variety of tools for the rehabilitation of drug addicts, and address double diagnose and patients with co-morbidity. More recently the center has become to address also new social dependencies such as work holism, exercise addiction, emotional dependence, pathological gambling and internet addiction.

Chapter 3 presents the Asociacion Dianova España (Dianova Spain). Belonging to the International Dianova Network that operated in 11 countries in Europe and the Americas, Dianova Spain works nationally into all Spanish territory with four centers offering educational and therapeutic program for adults with substance abuse problem and adolescents with behavioral disorders. Dianova intervention is based on behavioral therapies and third generation therapies aiming at achieving recovery or autonomy of the patients treated, offering a variety of therapeutic tools to be chosen upon. Dianova believes in the continuum of care and aftercare services and also applies its methodology to address emerging needs. Dianova's social compromise is the design, implementation and development of programs and projects for social integration and recovery of different groups at risk of social exclusion and poverty, as people with drug dependences, young people with drug use and other behavioral disorders, women at risk of social exclusion, immigrant population supporting the socio-economic integration of immigrants and their families facing the risk of poverty and social exclusion.

Chapter 4 describes Basta, a Swedish user-run social enterprise started in 1994. Basta had been inspired by the San Patrignano model and adapted it to the Swedish environment, using work as a therapeutic tool to start a personal development process, which leads to growing self-esteem. At Basta there are no therapist, doctors or nurses, the model is based on empowerment of recovering and recovered addicts who are running the organization, and actively working in the managerial position, making a living and a career, while contributing to the self sustainability of the organization itself.

Basta offers a truly inspirational model of social entrepreneurship and of social inclusion of socially marginalized individuals. The community works as incubator of new businesses with social roots. Investing on decentralization, Basta has been growing a number of branches, each one addressing addiction alone or in combination with criminality and psychological illnesses in dedicated facilities.

Chapter 5 captures the lessons learnt during the project implementation. The findings are based on the exchange of the best practices among the project partners. It provides an overview of the similarities and differences from the approaches and the commonality in the implementation of the rehabilitation program. It also highlights the differences among them, elaborating on the peculiar elements of each approach and the methodologies of interventions in the recovery programs.

Chapter 6 presents the conclusions of the Triple R project on recovery. It elaborates on the HERMESS methodology; an acronym that has been created to capture the key concepts emerging from partners experience on recovery. Following the HERMESS model, the chapter provides also concrete action steps and suggestions for practitioners in the field of recovery and for policymakers interested in it.

The entire Triple R experience has been based on the shared vision that recovery should be seen as the leading paradigm in drug policy and also the final goal of drug treatment intervention. Recovery is offering a unique opportunity to society to see drug addicts not as a burden, but as fellow human beings that deserve and opportunity and who could be an asset to their families and communities. The transformational power embedded in recovery achieved through long term drug free treatment and leading to a full empowerment it is truly worth the journey. We appreciate that this manual would help all the readers to see that as clearly as we do.

CHAPTER 1

SAN PATRIGNANO STUDY CASE

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

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

1. Start up and challenges

1.1 History of institution

The foundation: 1970s to early 1990s

In late 70s drug addiction in Italy was epidemic and youngster addicts were highly marginalized and live at the fringes of society. San Patrignano started thanks to the vision of a man, Vincenzo Muccioli who wanted help drug addicts in need. He was inspired by values such as respect of human beings and dignity.

He was a private person, with a high sense of justice and humanity. None in his family had been struggling with drugs; nevertheless, he wanted to help out the marginalized youth suffering from heroin addiction.

In November 1978, Muccioli hosted the first drug addict girl in its country house, who would become the first resident of the live-in community. Within short time, several guys joined her. A group of family friends and volunteers joined Muccioli. Vincenzo donated his own estate to the community. In short time seven families of his friends and co-founders volunteers move to live in the former country house of the Muccioli family that became the first house of the community.

On October 31, 1979 the community already hosted 30 residents and the first San Patrignano cooperative was funded, under the name of San Patrignano Production and Work Cooperative (Cooperativa di

Produzione e Lavoro Sociale), with the aim of providing free assistance to drug addicted and marginalized people.

The community was therefore born as a hybrid organization in which, however, the social aim of addressing the issue of drug addiction was the priority, while the productive activity was considered instrumental in achieving the self-sufficiency of the community and also constitutes an important part of the rehabilitation program.

The expansion 1990-2010

During the 90s the community started to grow exponentially and reached the top of its capacity, which is about the size it has today. The premature death of the funder Vincenzo Muccioli in 1995 left a great void in the community. His leadership and vision has crucially contributed to establish San Patrignano and his personal charisma was very much missed by all who had met him. His own son, Andrea, was unanimously considered his successor and carried on his legacy.

Andrea's vision and ambition was to make the community fully sustainable, and he embraced the model of San Patrignano as social enterprise. Consequentially, a huge investment was made in expanding the job training opportunities and rental activities. The two main areas of expansion were the food industry and the top level handcrafted products of the carpentry, internal design and fashion.

In the food industry a food fair named Squisito! was created with the purpose of promoting the community products along with the slow food movement and handmade and fair trade products. Squisito! gathered a lot of recognition and success in Italy and it is a renown brand in the food industry. New Cheese making factory, wine cellar and bakery premises were built or enlarged in the community, offering new professions in the food and hotel industry for the San Patrignano residents.

Furthermore two restaurants were created: Sp.accio pizzeria and the fancy Vite Restaurant. The economical growth also facilitated the sustainability of San Patrignano, top quality handcrafted products such as pieces of furniture, interior design and textile soon became the flagship of the recovery movement.

At the same time the community started to be present in the international arena, attending UN meetings and international fora, advocating for recovery and contributing to the international drug policy in 2006 being regional coordinator for the United Nations project Beyond 2008 and 2009 in contributing to the Declaration and plan of action on drug policy. Following this spirit, the Good Goods project was created. Good Goods is an international network of like minded organizations active in reducing both demand and supply for drugs, promoting the conversion from illicit to licit cultivations and alternative livelihoods in drug producing and trafficking countries, as well as opportunities for rehabilitation recovery and social reinsertion of drug users.

Since 2011 to date: the communitarian management and legacy

The community experienced another important evolution, following Andrea's resignation in 2011. The social enterprise model had been a very challenging one, with the internal struggle of balancing the social mission with the economical needs for self-sustainability. After more than 16 years at the leadership of San Patrignano, Andrea decided to leave and his legacy was passed to two newborn Steering Committees called Social Committee and Managing Committee. The new structure resembles the initial vision of the founder Vincenzo, who envisaged for the future a San Patrignano managed by the graduates from the program who would take all the decision collegially.

One of the crucial aspects of this phase is the increasing importance of self-sustainability and the experimentation of new and innovative tools to offer the community more flexibility. Financial instrument as

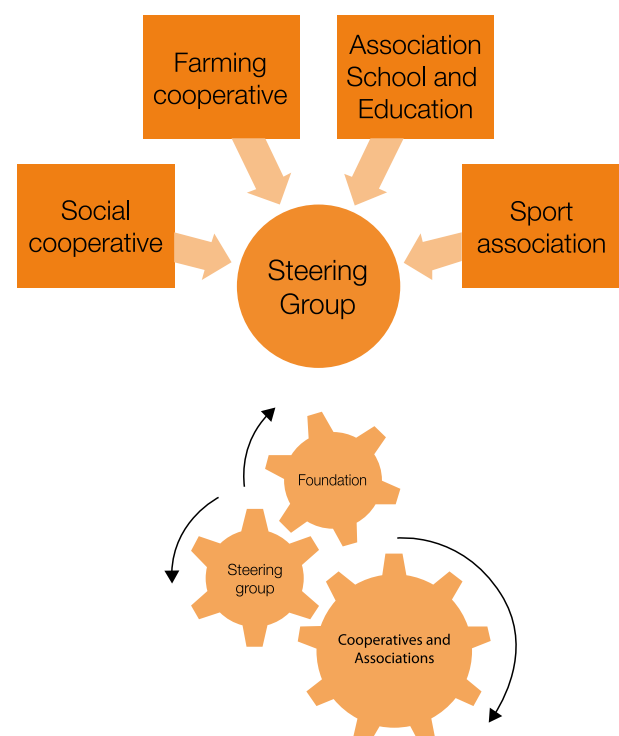
microcredit and social bonds have been created, as well as educational opportunities in the field of social entrepreneurship and start up creation, such as the social franchising. Furthermore additional job training options including call center, theater and arts, handicraft products and pet therapy have been offered, in order to respond to the more challenging job market and to be able to boost social reintegration chances for the residents.

1.2 Structure

In the early 80s San Patrignano resembled more a hippy style facility than the little village it looks like today. Starting from mobile houses donated after an earthquake, the community has been gradually growing to the actual size.

Throughout the years it has grown exponentially and assumed the dimension of a village occupying 650 acres overlooking the Adriatic Sea. The community has been faithful to its leading principles, learning by doing from more than 30 years of activity. At its heart, it is still the home of an ever-growing family. Over the years more than 25.000 individuals have found a house, recovery and a real opportunity to start afresh in life.

Today, the residential community, has been housing some 1500 youths from all over the world, and it is a totally self-sufficient mini-city. Nestled with 260 hectares of fine wine yards and farmhouses, San Patrignano is an enlarged family style cooperative embracing recovery from addiction and self empowerment of the residents.



The community has juridical structure of interconnected social cooperatives and associations. San Patrignano has two cooperatives: Cooperativa Sociale (Social Cooperative in English) and the Cooperativa Agricola (Farming Cooperative), and two associations: Associazione Scuola e Formazione (Association School and Education) and Polisportiva (Sport Association).

The four organizations all together cover all the aspect of San Patrignano's work:

The Social Cooperative is in charge of all the activities connected with the treatment and rehabilitation activities of the residents of San Patrignano. This is a peculiar type of cooperative that offers social and health services to disadvantaged population, aiming at reinserting them in the society and in the workforce.

The Farming Cooperative has been created in order to be able to run all the agricultural and food activities of the community in accordance to the Italian national regulations and standards.

The Association School and Education has been established in order to offer the recognition of the education for the residents in accordance with the Italian Ministry of Education. All the trainings and education run in the community are recognized by the Emilia Romagna Region, by the Italian state and have national and European value.

The Sport Association has been funded to enable the residents to carry out sport activities and to enroll the sport teams (football, basketball, volleyball and running teams) in national and international challenges.

All the entities had signed an agreement delegating the management to a Steering Group who is in charge of securing internal coordination.

The Steering Group (Gruppo Paritetico) is the watchdog of the community, monitoring the implementation of the social and economic plan approved by the CEO of the cooperatives and associations constituting the San Patrignano Holding. The Steering Group has 3 members.

Foundation (Fondazione San Patrignano)

San Patrignano has also a foundation that is financially and morally supporting the work of the community. The foundation also liaises with international stakeholders and professionals who are willing to develop social projects in favor of the community.

1.3 Original mission, vision and objectives

A Drug free approach based on Education

San Patrignano does not consider drug addiction as a chronic disease, although recognizing that is a recurring one. Therefore, instead of medicalization, the community helps the individual journey towards recovery, with the ultimate goal of reaching a sober and productive life, finding a way out from addiction. The drugs of choice are uninfluential because the drug free approach does not tackle the drug itself, but the roots causes that brought people to the abuse. The program actively works in dismantling the addictive behavior introducing positive element in life, educating people and nurturing their talents, thanks to job training and life skills, leading to individual empowerment.

Long term

The recovery program is long term, three to four years. The duration is not standardized, but rather customized to the progress and challenges of each recovering addicts. Considering the years spent to addiction, it is crucial to allow sufficient time for a behavioral change and not just the detoxification program and short-term treatment. For this reason San Patrignano believes that the retention factor plays a crucial role in the positive outcome of recovery, as it has been proved by independent evaluation studies (Castignano) and (Guidicini and Pieretti). Implementing a drug free approach, the aim of the treatment is achieving and maintaining abstinence from drugs and producing a behavioral change. Being drug free for a long period of time is not a result in itself, if it is not combined with an internal dynamic of fostering a life change. According to San Patrignano's experience, after years of addiction, it takes years to recover from it and a short term, or quick fix, is not applicable or desirable, since it would be fuelling the circle of relapse and recidivism. It is true that there is a way out of drug addiction, but it is equally true that it is a long way to go and that the drug free approach is the more effective treatment in achieving a full recovery (Castignano).

Free of charge- following the principle of gratuity and aiming at self-sustainability

San Patrignano is completely free of charge for the young people in rehabilitation and their families. Furthermore, the Community does not require public fundings to carry on its mission and activities. The choice to offer the services free of charge follows the rationale of empowering each young person to feel responsible for, and in control of, his or her rehabilitation

program. The community is shaped as social enterprise, whose services and products are inspired by the philosophy of self-sufficiency. The commercial activities contribute about 50 per cent of the requirements of the community. The remaining funds are collected from private donations, which do not proceed from the community guests or their families.

Respect and secularism

The San Patrignano community believes on the importance of education as the ultimate empowerment of individuals in carrying on independent and meaningful lives. Embedded in the community there is also the principle of respect. Respect for life, for one's self, for others, and for the environment are universal values, recognized by various faiths, confession and religious groups and are also enshrined in the Italian Constitution. San Patrignano welcomes people without any form of sexual, race or religious discrimination.

Job Training as a mean and empowerment as a goal

With more than 57 job trainings to choose upon, San Patrignano's residents have an opportunity to rediscover themselves. Vocational and job trainings play an important role in the community. It is much more than just ergo therapy, or occupational therapy; it is a real training for life.

Job trainings include food preparation and catering, wine production, plumbing, graphic art and web design, gardening, dog breeding and horse training, just to mention a few. Experts in each field support the training in-house: masters and renowned artisan have been collaborating with the community to achieve the best quality. San Patrignano aims at the **excellence** in the job training. Residents are encouraged to follow the principle of top quality in the execution and in the results achieved. This means that state of the art products are created and top services are provided. It is crucially important to motivate the residents to achieve the very top, because in doing so they realize that they are able to make it, facing all the challenges, boosting both their self-esteem and confidence. The community sells its products because they are good in the first place, and the customers buy them for the same reason. The social value is an added value and not the primary reason for buying San Patrignano products. San Patrignano's logo stands for excellence with social added value, making both the residents and the educators proud.

1.4 Why San Patrignano appeared as an answer to drug problems

When San Patrignano started in the late seventies, drug addiction in Italy was highly stigmatized by society and drug addicts were left at the fringe of society.

The community has been funded in Rimini, on the Adriatic coast of Italy, following the spirit of an enlarged family, where people are welcome with love and not judgment, help and support to start afresh in life.

According to Vincenzo Muccioli, drug addiction was seen more as a disease of the soul, and neither as a medical nor a chronic condition. Quoting his own words: *"Among the problems that affects the drug addicts, drug use is the least relevant. The core of the problem is not drugs, nor the abstinence crisis: it is the human being with his fears and the black holes that threaten to suck him. That is why I do not like to say nor hear that ours is a community for drug addicts. Our is a community for living, where you can restart after years spent as a social outcast. Ours, if we really need a definition, is a community against social marginalization"*.

1.5 Alliance and networks

The public role of the community

Among the years San Patrignano gained international recognition and built up contacts and partnership, being active also at the national and international level on drug policies.

In the late 1980 and beginning of 1990, San Patrignano in the person of Vincenzo Muccioli actively contributed to the Italian legislation on drugs, especially highlighting the necessity of alternatives to detention, as prison setting was not at all the appropriate place for people with addiction problem. Muccioli was a passionate advocator for recovery in the Italian television and press, and promoted the work done by the community in helping those who wanted to quit addiction.

San Patrignano relationship with the United Nations

Since 1997, San Patrignano has been granted the Special Advisor Status by the Economic and Social Council of the United Nations (ECOSOC), and has been actively participating in United Nations meetings on drug policy and interventions in Vienna and New York. The community participated at the United Nations Special Assembly on Drugs in New York in 1998 and in 2016.

San Patrignano has been collaborating with the Vienna NGO committee on Drugs, serving in as elected board member for two terms, from 2011 to 2015.

In occasion of the United Nations General Assembly Special Session on Drugs 2016 (UNGASS 2016), San Patrignano played an active role in being a member of the Steering Committee and among the leading funders of the Civil Society Task Force (CSTF) for UNGASS 2016.

The International outreach work of San Patrignano

The International Relations team is also active board member of:

- **EURAD** www.eurad.net a European non profit drug policy Foundation that advocates for prevention and recovery oriented drug policies at national and international level.
- **WFAD** - World Federation Against Drugs www.wfad.org see a global platform of civil society organizations active on drug prevention and promotion of the right of the children to be protected by the harm of drug use

San Patrignano is among the funding members of:

RUN – Recovered Users Network <http://www.eurad.net/en/run/What+is+RUN%3F9UFRvS2T.ips> an international network aimed at raising the voice of the recovery movement, by contributing to constructive and respectful drug policies, for individuals, families and communities.

DPF - Drug Policy Future - <http://drugpolicyfutures.org/about/> a global platform for a new drug policy debate based on health.

At the **European Level**, the community belongs to the civil society expert group of the commission and contributes to the work of the **Civil Society Forum on Drugs** participating to its annual meeting and engaging in its working groups.

Moreover representatives of SanPatrignano regularly attend and contribute to the **UN meeting in Vienna and New York, to the work of the Commission on Narcotic Drugs headquartered in Vienna** (<http://www.unodc.org/unodc/en/commissions/CND/index.html>) and collaborate with the **United Nations Office on Drugs and Crime** (<http://www.unodc.org>) and with UN agencies worldwide.

The international relations team also addresses **international fora as keynote speaker raising awareness on recovery from addiction**, sharing the best practices of the community and advocating for treatment, recovery and social reintegration of

recovered addicts in the society and for their inclusion in international drug policy debate.

San Patrignano is also a supporter of the following initiatives:

The International Task Force on Strategic Drug Policy is a network of professionals and community leaders who support and promote drug demand reduction principles, develop community coalitions and strive to advance communication and cooperation among non-governmental organizations who are working to stem illicit drugs and promote sound drug policy around the world.

Project Sam- Smart approaches to marijuana an alliance of organizations and individuals dedicated to a health-first approach to marijuana policy. A network of medical doctors, lawmakers, treatment providers, preventionists, teachers, law enforcement officers and others who seek a middle road between incarceration and legalization. SAM supports a third-way approach to marijuana policy based on reputable science and sound principles of public health and safety. <https://learnaboutsam.org>

San Patrignano is the founder of the We Free international prevention project

Throughout the years, the community has developed a format of prevention based on the story telling from the recovering youth in San Patrignano. Giving their story a more artistic context, theatrical performances and debates for youngsters have been created. The prevention format has been touring over Italy, reaching more than 50,000 high school students every year, while more than 9,000 students visit the community every school year, from October to May.

Since 2009 San Patrignano created an international network of like minded youth organizations, promoting healthy lifestyles among youth and aiming at empowering youth to believe in their dreams and building a better future for themselves and for the communities they live into. The We Free international network unites organizations from all around the world, using dance, music, visual arts and profession to offer better opportunities to disadvantages and marginalized kids and create role models and positive examples. For more information on the we free network and its members, please visit www.wefree.it

San Patrignano International Workshop and alumni group

Since 2014 the international office of San Patrignano has created the international workshop, a one week

format combining lessons with experiential labs in the community to experience first hand the life in San Patrignano.

The workshop is addressed to NGOs, government delegates, academia, social workers, students, professionals and individuals who are interested in increasing their knowledge on drug rehabilitation and social integration by studying our San Patrignano model and educative approach. The workshop has been developed, answering to the demand for visits and internship received during the years by people interested in replicating the model. The workshop offers a unique insight of the community life and has been uniting all the attendees in a very active alumni group, generating a multiplier effect and a lively on-line community of practitioners in the field of addiction.

2. Target groups and methodology of intervention

The program in San Patrignano is drug free, long term and residential, aiming at achieving a behavioral change in the residents, who are willing to **quit their addiction**.

The San Patrignano model aims **to treat the root causes that brought people to addiction and do not focus on the substance of use**.

The community does not make a distinction among the residents and the same model is followed disregarding the drug they used to consume. Addiction is a multi factorial disease, social and existential interpretation, integrated with biological and genetic evidences are needed. Treatment is neither pharmacological nor based on maintenance substitution therapy.

2.1 Target groups: sex, ages and other psychosocial characteristics

San Patrignano welcomes male and female residents and also minors of both genders.

There is no specific age limitation to be admitted into the community and a no discrimination policy based on gender, religion, sex orientation, race or policy believes is followed by the community.

San Patrignano target group at glance are the following:

- male and females individuals who want to quit addiction;
- offenders in alternative sentencing to prison who choose a rehabilitation path and treatment instead of incarceration;

- minors (female and male) and minors on probation; and
- families: parents who are addicts and their children

Admission to the community: motivation to change

In order to enter the recovery program, there is an admission procedure. A network of supporting groups called Associations generally refers guests, but there is also a cooperation with Local Health Service Units, courts and prefectures.

The Voluntary San Patrignano associations operating throughout Italy, and in other European Countries (UK, France and Croatia) support the drug addicts in going through the admission process and preparing for the life inside the community.

There are no formal admission criteria: only a genuine motivation to change is required in order to enter in the therapeutic program.

Normally, the admission procedure initiates with a request by letter or phone call to establish the first connection with the community.

After that, a series of interviews, either in person at the associations, or via skype, are planned. The purpose of the process is to test the motivation of the addicts and know more about their story, to find a good fit with the suitable mentor and vocational trainings in the community.

During the pre-admission phase, a team of psychologists and psychiatrists are evaluating cases by case, to secure that there are no major psychiatric diseases (as chronic psychosis) which present medical contraindication for the therapeutic program.

Assuming that the right match and place are available, entering in the community became very fast, without waiting periods that very often increase the risk of relapse.

2.2 Theoretical basis of methodology

An holistic approach to drug addiction

Treatment in San Patrignano is essentially educative and rehabilitative, and individualized on specific subjects needs. Addiction is considered a multi factorial disease: the initial social and existential interpretation has been integrated and enriched with psychological, psychiatric and neurobiological evidences. All the aspects of the personal life are included. The program creates a strong bond among individuals and with the community.

Education and rehabilitation: learning respect and trust

The rules, which govern the life in the community, are based on an essential respect for oneself for others and for the environment. The community is a microcosm where the intensive relationship among guests gradually replaces the fake personality of the addict, dismantling the surface of suspicious and close mindedness that are part of the addictive behavior.

Leading by example: the role of the recovered users and volunteers as educators

San Patrignano is based on a peer-to-peer approach and by leading by example. Former addicts who had recovered from addiction are today the leader of vocational training and educators in the community. Their role is instrumental in passing the community roles and in sharing hope and being a living example of the recovery.

The importance of time and commitment

The residential nature of the community, and the experience-based characteristic of the educational program require a long term (3 to 4 years) of retention, to reduce the risk of relapse. During time the residents realize their strength and are able to face life challenges, fostering their motivation for a long-term behavioral change.

Taking care of the individual with all its problems, step by step

All the aspects of life are included in the program:

Detoxification as first and preliminary step Given the drug free nature of the program, the detox phase is normally handled before entering into the community, with the assistance of the local health services and or the associations. In case a detox is not possible or available, the residents could undertake substitution treatment (methadone and buprenorphine) in the community, in protected environment. Furthermore substitution therapy is used in selected cases (such as pregnancy, very hard withdrawal syndrome, very young subjects, or severely ill patients) and always with the aim of scaling down gradually and eliminate the substitution treatment in due time, circumstances permitting it. In the other cases for the withdrawal syndrome symptomatic treatment (clonidine, anxiolytics, pain-killers, anti-emetics, etc.) is used.

San Patrignano is also a smoke free area: upon entering the program the residents are expected to quit tobacco at the same time as quitting drugs.

Educational activities, vocational training and work. Since the beginning of the program a wide range of activities are put together into a daily/weekly routine, giving structure, gratification and requiring engagement in progressive responsibility. The activities are the following: learning a job and be actively engaged in vocational trainings, contributing to the collective housekeeping and maintenance, recreational activities, being a tutor for a new comer resident, undertaking education and or professional training courses, assisting the nurses in taking care of the patients at the community hospital, being a guide for community visitors and guests, taking part to prevention programs for students visiting the community and being a testimonial of recovery in the We Free Prevention project.

More insights on this particular aspect would be presented in the following chapter on the process of intervention.

The importance of work in San Patrignano model. Working has a very important meaning, and it is not just seen as occupational therapy by the community. At the beginning, working provides interaction and fosters feeling of companionship and collaboration among residents. It promotes consciousness about the value of time, work ethic and respect. It also provides a lot of personal gratification and a feeling of self-accomplishment. Working is also supporting the community and giving back time to San Patrignano, helping in making it sustainable and contribute to its mission.

Health care. Giving the deteriorating effects that drugs cause to the human organism, a complete medical examination is carried out in the first weeks of the program. The tests will provide a full picture of the medical and toxicological history. Medical, dermatological and gynecologic visits would find out about sexual transmitted diseases (STD), scabies and other diffusive diseases. Furthermore the following tests are offered but are not compulsory: blood screening for HIV, Hepatitis B and C, Syphilis, Chest X ray and Intradermal Purified Protein Derivative (PPD) for tuberculosis, Electrocardiogram (ECG) and pulmonary functional tests to be able to practice sport safely, and a dental examination. Blood and serum samples are also taken and stored in the community lab for medical research.

Psychiatric and Psychosocial assistance. Although the therapeutic program in San Patrignano is based on education and rehabilitation, psychiatric

and psychosocial support is also offered in certain circumstances. The program is neither designed or adequate for subjects with major psychiatric disorders (such as for example schizophrenia, etc.). **Minor psychiatric symptoms or syndromes are not a contraindication to entering the program because they are highly prevalent in drug users**, sometimes pre-existing and predisposing to addiction, sometimes as a result of subsequent dramatic life events or due to the neurotoxicity of drugs. Adjustment symptoms are not considered pathological, but generally coincide with an evolutionary phase of individual change for the better. The most frequent psychiatric symptoms or syndromes are: episodic and transitory psychotic symptoms (generally observed in those subjects addicted to cocaine or other stimulants, cannabis, etc), eating disorders (more common in female population 40 % of them, while just 3% of male), mood disorders, depression and bipolar disorders, anxiety disorder such as panic attacks, obsessive compulsive disorders (OCD), borderline or other personality disorders. Only a minor part of residents, around 20%, need a pharmacological treatment for psychiatric symptoms during the therapeutic program.

Psychological assistance is also provided on a case-to-case bases, when needed, but it is not prescribed to treat addiction disorder per se, but to address other individual problems arising during the therapeutic program. Individual psychotherapy is generally prescribed for the following reasons: sexual identity disorders, major trauma in childhood (such as physical or sexual abuses), Post Traumatic Stress Disorders (PTSD) or borderline personality disorders. Around 30% of the San Patrignano residents needs an individual psychotherapy, for an average length of 18 to 24 months. Group psychotherapy is offered to former addicts who have children. The parenting program offers supports to parents in dealing with crucial family issues and children development.

Legal assistance. Drug addiction is not considered a crime in Italy, but as administrative offences. Therefore, nobody would be facing legal charges for being an addict nor sent to compulsory treatment. However, often drug addiction drags people into criminal activities as consequences of the addiction itself, or to financially support the habit. According to Italian Law, Art. 90 and 94 del DPR 309/90, drug addicts and alcoholics have the option to obtain the suspension of the sentence execution (Art 90) and exit prison on probation with the purpose of seeking treatment and solving their addiction problem (Art 94) (Annual Report to the Parliament 2015).

Residents in the community might face trials for the

crimes committed under drug consumption. The Legal Office of San Patrignano councils and assists its resident offenders during their trial and also after the sentence to secure they receive proper advice and also liaise with offenders in prison who want to enter in the community undertaking a recovery program instead of staying in detention. Since 1980 San Patrignano took care of 3800 people in conflict with law, substituting more than 3600 years of jail and converting them in rehabilitation programs.

In the last year (2014 data), San Patrignano followed 458 court trials and took care of:

- 48 residents in house arrest,
- 108 people on probation,
- 14 residents in house detention,
- 1 resident according to Art 22.

All in all in 2014 substituted 107 years of prison thanks to its work and save 7,8 million euros for the Italian state.

Family support- Strengthening the family ties

The community welcomes **mothers with children** as well as pregnant women who want to quit addiction. Since 1978, more than 3350 had been welcomed in the community. One third of them were mother. 70% of the mothers is in the age range 19-30. Nearly 70% of the mothers is entering the program with child, while 30% leave the child with grandparents, partners or social services. The first option is the preferred one, but sometime it is not possible due to legal problems regarding child custody, adverse opinion of social services, local regulations that are different according to each regions of residence. All the decisions are taken considering the best interest of the child and also evaluating the family situation. According also to the age of the child, the community plans the insertion to make sure a smooth integration, without additional traumas. A team of psychologists, neuro-psychiatrist, child educators, pet therapy practitioners provides a professional support network for children and their parents.

In the cases of **mothers**, dedicated housing provided for them, a kindergarten is available for them as well as after school facilities, so that they can deal with the addiction and at the same time learn how to be a better and more responsible parent. Mothers have the opportunity to be trained in a career path that would be useful to them and to their children to support the family, with or without the help of the father.

San Patrignano also encourage the **fathers** who are resident in the community and do not have their children with them to undertake all the possible efforts to be present in the life of the children, offering a positive role

model. The community offers some private space and quality time at weekends and during holidays, so that the father could meet with the child and reconnect.

The families or relatives of addicts, during the period of the therapeutic program are supported and trained through regular meeting in local voluntary associations who collaborate with San Patrignano. Parents, wives, husband and children are regularly welcomed in the community, to visit their beloved ones and for spending quality time and holidays.

2.3 Process of intervention

Vocational trainings are a fundamental pillar of the recovery program and apply to all residents. More than 50 career paths to choose upon, from food and hospitality industries to dog breeding, horses grooming, plumbing, gardening. The community believes in stimulating the search of resident passions and in nurturing talents.

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

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

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

The range of secondary education options to choose upon is the following: accountancy, surveying, science, tourism, business and commerce, dental technician, social studies, teacher training, catering and financial analyst.

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

Educational trainings and compulsory internship programs are also made available in the field of Dental technology, Social worker, Nurses and Medical Doctor carrier paths.

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

Furthermore **language courses** are offered: Italian for foreign residents who need to complete and improve their knowledge of the local language and a special English course for the residents of the community who want to learn a second language. The last one is organized and sponsored by John Peter Sloan a renowned English actor, director, writer and singer who apply an intuitive and creative approach to language teaching, helping them in expressing themselves.

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

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

Leisure activities: Arts and Sport

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

Since 2012, **The San Patrignano Theater Company** under the leadership of the director Pietro Conversano, has been performing in major Italian theaters featuring Italian and international classics like Pirandello and Shakespeare. Through the years, the company has become a consolidated reality, not only in acting but also in directing, creating costumes, scriptwriting and designing stages, covering all aspects of theater.

Along with Theater, other arts are performed:

SanPa Singers is a Chorus mentored by a professional singing coach. The singers create pieces and perform inside and outside the community in private and public events. Their style is inspired by gospel, spiritual and modern pop songs.

Sanpa Group is the community's music band. Residents with a passion for music who have left it behind, could pick up their musical instruments again and nurture their passion while improving their skills.

The **Dance workshop** had been created especially for the youngsters who demonstrated an interest in modern dance, hip-hop and breakdance. The lessons are given with the overall aim of blowing up some steam, get exercise and develop a more positive relationship with their bodies. The secondary intention was creating a dancing group that could create a synergy with the other artistic workshops in joint performances.

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

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

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

prepare dedicated residents to compete in national and international marathons such as New York and London marathons, achieving important goals for personal growth and self-esteem while promoting healthy lifestyles in the community.

2.4 Individual methodology: tools and techniques

People centered program. In San Patrignano the individual methodology is embedded into the community life. There is no individual without the community and vice versa.

Each newcomer is naturally inserted into the community life, being assisted by a mentor who is a peer fellow, more advanced in the recovery program. The mentor is the key person to guide the new resident and to lead him in the structure of the community and daily activities, as well as listening to him/her and helping in the first phase of the program.

Peer to peer support. The bond created between the mentor and the newcomer is very important. A relationship of trust and friendship is developed through the time. The fact of being peer is essential to stimulate empathy and to be also a living example to follow. Although each recovery journey is unique, there are some common patterns into the program, therefore being close to someone who has been experiencing the same past life and has overcome the challenges, is a powerful tool to support motivation to change and in time achieve also the behavioral change.

Gradually assuming responsibilities. The San Patrignano program is developed as a consequent increasing assuming responsibilities. From newcomer the resident graduate to mentor when he/she is able to take care of a new resident. Becoming a mentor is a huge step in recovery, being able to think and being accountable for another human being is a great challenge and presents the first step to become a more responsible person and in time independent. Inside the community life there are responsibilities to fulfill, need such as serving at the table, making shift to clean and tidy common spaces, volunteering at the hospital taking care of the patients. All these activities are meant to be giving back time for the individuals and are providing not just self-fulfillment, but also stimulating social consciousness.

2.5 Group methodology: tools and technics

Environmental therapy

The life in San Patrignano has been subject to sociological studies (Guidicini Pieretti 1994 and Guidicini Pieretti 1996) that have explained the city effect and environmental therapy concepts. San Patrignano is defined as a micro cosmos which incorporates element of the city, having an image of urbanity, a level of urban complexion and a strong connection with the environment.

Guidicini and Pieretti looked into the city effect defining in terms of impact on people who were carrying out a treatment.

In San Patrignano group intervention or psychological group treatment is not provided per se, it is rather embedded into the community life. The community is the biggest group, in which there are concentric spheres of interaction. Starting with the smallest one, the bilateral relation between the resident and his/her mentor, the spectrum enlarges gradually. The mentor and the residents share the same room. The room is the second sphere: there are multiple two-group people in the room. The relation among them is similar to the one in a family. The people living in the same room, belong also to the same vocational training, so they spend the day together, in a structured way, waking up, having breakfast, going to the workshop, they have lunch and dinner together and also some leisure time. This proximity stimulates a feeling of being part of a group.

Gradually the group opens up, because the residents start interacting with other groups, having cross cutting activities such as schools, sports, arts, and creating new interactions and new groups, within the community.

Sense of belonging: mutual support and care

During the program the residents develop also a sense of belonging and identify themselves as San Patrignano people and became attached to the community.

San Patrignano differs from other communities because there is not a predetermined description of the stages of therapy with timing and aims to achieve. Every timing of San Patrignano therapy is singular and unrepeatable. The so called “mirror in the other”, the daily confrontation with the mentor and the group is the essence of everyday intensive therapy.

Therapy in San Patrignano means service, support and care. It seems to have something to do, rather than a performance with care and affection as main pillars. The patients and the therapist are both equally engaged in the recovery journey and do not know

what the outcome would be. It is up to them to take the challenge and keep up the good work. This reflects the peculiarity of San Patrignano where the therapists are ex-addicts themselves. The peer to peer relation is essential because it makes realize that the other person is imperfect and limited and it is not idealized, but seen as an actual human being, struggling to make the difference. The community has a strong collective dimension, handling also the crisis in a non-competitive culture of sharing, with no hierarchical evaluation. The decision are taken in a collective way, engaging all the people responsible of the recovery path and hearing all the voices to better asses the situation and the way forward. San Patrignano is a community and a society at the same time. The conclusion of the study highlighted that if San Patrignano would not have such a strong collective dimension, individual conscience would had made a lot more effort to develop.

3. Evaluation results

3.1 Annual data/Annual reports data

2015 Data on San Patrignano

Staff members: 174 persons

Educators: 160

Volunteers: 122

Number of total residents (2015 Data)

- Residents: 1127 persons, male 911, female 216, minors 30 (male 20, female 10);
- Candidate residents undertaking the detox program in Botticella 20 (19 male and 1 female); and
- Children (of mother resident in the community): 15 in total (11 male and 4 female).

Indirect beneficiaries

- Relatives of the residents: 3500 (calculating family members and children)
- Beneficiaries of the prevention programs of the community: 50,000 Italian students reached every years by the WeFree activities and initiatives at the national level.
- Savings to the Italian government 1500 euro per month per person, equals 18,000 euro annually for each residents. In 2015 the Italian state saved 20,286,000 thanks to San Patrignano contributions.

3.2 Evaluation criteria: efficiency, visibility, social impact

People centered-The recovery journey in San Patrignano will always have individuals at its center. People and not the substance of use are the main concern. For this reason the interventions are individualized and do not follow a predetermined path in terms of time and outcomes. The milestones of the recovery however are clear and would be consequentially reach in a progressive acquisition of self-esteem, responsibilities and independence.

Drug free- San Patrignano stands for the importance of a drug free life, not just while in treatment but as ultimate goal of a long-term recovery. Being drug and tobacco free means living a healthier and fuller life, where the individuals are in power, not controlled or driven by the substances. Keeping the drug free condition would become a part of each one life, being active member of society.

Holistic approach- All the aspects of addiction are tackled and addressed. A 360 degree approach to life, from healthcare to psycho-social support, getting educated, learning a job, finding an occupation, re-discover life and passion for doing things. Residents are becoming doers and not a passive human being at the fringe of society.

Education- Achieving a higher level of education, earning a degree, completing studies are essential elements of the recovery, granting new means of subsistence and independence upon the completion of the rehabilitation program.

Education at large contributes also to build better persons and in awakening understanding of the world and of the inner self.

Vocational training- Learning a job, work ethic and having a structured day and eventually life are essential to the recovery journey and beyond. It helps creating responsible people and better citizens, fostering the chances of long term reintegration.

During the program in San Patrignano residents are exposed to different job trainings and have the possibility to choose which one would suit them most.

Empowerment and long-term social reintegration- Being successful in achieving a behavioral change from addictive personality to an active member of society implies a gradual acquisition

of responsibilities. Teaching the importance of the small steps and small things to gradually became more conscious of the consequences of their actions and interaction with society.

3.3 Follow up study on San Patrignano

A follow up study on the former residents of San Patrignano has been conducted by researchers of the Bologna and Urbino Universities and published under the title of Beyond the community edited by Franco Angeli.

The research evaluated the drug free approach to treatment, analyzing the cultural and social aspects of it and providing follow up after leaving the community.

Sociological research tools and toxicological exams have been both used on the 247 agreeing participants.

The main findings of the study are the following:

Drug history - About 39% of the respondents had been using illicit substances for more than 10 years (97 cases), 51 of these had been using drugs for more than 16 years.

95% of the interviewed had used heroin, whereas 53% has used cocaine. More than 12 % reported polyconsume. 97 had been drug addicts for over eleven years. These subjects would have been classified as chronic and incurable by most national and international standards. About 60% are alive, well and succeeded in quitting addiction.

The peculiarity of the drug treatment program

- the introduction into a protected environment where addicts are trusted and counted upon in their daily life and in the workplace, proved to be a system that offered tangible and scientifically solid results.

Creating a bond with the community - A stay of at least 3 years contributed to building up a close bond with the community. 60 subjects did some sort of volunteering in the field of quitting addiction and more than half of them continued to do so after leaving the community.

Social reinsertion and job placement - In the follow up phase, upon leaving the community 37% of subjects found a job and were working in one workplace, 19% were working two jobs 20% of the changed their job once, and 24,5% changed job more than once.

The range of professions (135) was very diverse. It can be considered as evidence of the correlation between the professional training received in the community and the increasingly diverse skills that are required in the job market.

Social reinsertion and housing - 63% of subject got reinserted in the same city they used to live before entering the program. 33% of subjects was living with their parents (almost 60% in the period immediately after leaving the community). 46% had a family of their own, and about 20% was living on their own.

Relapses - A considerable difference has been found between subjects that terminated the program successfully and left the community with mutual consent and those who left the program without fully completing it. Among the 50 subjects who relapsed, 39 had left the community with consent, and 11 had left without consent. The group of people who relapsed included 44 men and 6 women. The incidence of relapse was almost 28% among those who lived in the community from 4 to 5 years. It dropped to 11% for those who had lived for more than 5 consecutive years, showing a correlation between the retention factor and the long-term success of the reintegration. The relapse rate was more than 11% higher among those who decided to return to live in the same city where they used to live before entering the community. The relapse rate was also higher among those who returned to live with their family of origin after the program. A break with the place of origin, therefore appears to be a vital factor in influencing the success of the social reinsertion after the completion of the therapeutic program.

4. Areas of expertise

4.1 Main areas of intervention

Recovery oriented drug free treatment -

San Patrignano is primarily focus on treating drug addiction, focusing on education, job training, fostering empowerment on individuals and preparing them for a successful social reintegration.

Residential rehabilitation program for people with special needs - The community offers a home to people with special needs such as juvenile, women with or without children, offenders in alternative setting to prison. San Patrignano works with a large variety of affected population: adult male and females, adolescents of both genders, children, adults and minors in conflict with law and on alternative sentencings to prison, vulnerable health group such as HIV positive and subjects with drug related diseases such as hepatitis.

Social reintegration program- San Patrignano provides assistance and counseling to its residents in planning social reintegration. In the community model the social reintegration is embedded into the rehabilitation program from day one. The ultimate goal of the treatment is to achieve empowerment of the individuals so that they are able to stay sober and have a drug free fulfilling life and become active members of society.

Drug prevention: the WeFree Network- As part of its mission, the community engages in drug prevention activities carried out under the name of WeFree Network. Prevention is an effective mean to avoid people getting into addiction. We Free offers a range of activities from dialogues with students and professor, to theatrical performances based on the storytelling of residents of San Patrignano, to engaging experiential format to discover more about each one fears and strength and to look inside each one potential. Under the Wefree brand there are also: We Free Days a two day event that gathers international personalities and like minded youth organizations promoting healthy lifestyles and positive role models among youngsters. Furthermore WeFree network is an international initiatives gathering youth organizations around the world that promote drug free life and youth empowerment using arts, music, sport and unconventional education.

Social enterprise and incubator - the community is a living example of hybrid social enterprise and stimulates entrepreneurial spirit in its residents acting as incubator of new business , start ups and job opportunities, preparing the residents to be fit for the job market and eventually became job givers and not seekers, actively contributing to a better society.

International expert in the field of recovery - San Patrignano has been actively contributing to international conferences, events and fora at the United Nations and European Level, to promote the concept of recovery and social integration. The community presents its model and answer to addiction also in the international workshop, sharing expertise, insight and the daily life of the community with people who are interested in learning more on the model with the purpose of replicating it in their own country or adapting it to respond to other social needs.

Event planning - San Patrignano has a sound expertise in organizing event. Since early 90s the community has been hosting internal and external events in different fields from CSI 5stars horse jumping challenges Vincenzo Muccioli, to food fairs such as Squisito!, to international event such as WeFree. Furthermore San Patrignano hosts events, teambuilding and conventions for corporate businesses interested in the social value of the community. Event planning is also one of the rentable activities that contribute to the sustainability of the community.

4.2 Public recognitions and awards

The community has been granted the status of Special Advisor to the Economic and Social Council of the United Nations in 1997. Since 2005 San Patrignano belongs to the Schwab fellows of the World Economic Forum, being recognized as Social Entrepreneur of the year in 2006. In 2008 it received the Oscar di Bilancio, by Ferpi (Italian Federation of Public relations for the best not for profit mission report), and in 2012 won the Annual Award by European Cities Against Drugs.

At the national level

San Patrignano is:

- Expert and consultant for the Italian Antidrug Department (Dipartimento Antidroghe); and
- Member of the National Board on AIDS for the Ministry on Health.

National accreditations

San Patrignano is:

- accredited by the Ministry of University and Scientific Research for the education and further training of teachers of the school of all levels;
- accredited by the Ministry of Justice for the alternative sentencing program for treatment of drug dependent offenders;
- accredited by the Emilia Romagna region for the educational and training courses financed by the European Social Fund;
- accredited by the Emilia Romagna region for the treatment and health services for AIDS patients and for special hospital care;
- recognized as auxiliary body of the Emilia Romagna Region; and
- accredited body to "Comunitalia": national project by Department of Anti Drug Policy, attended by all the major networks and private social organizations operating in drug addiction

Food and Wines recognitions and awards

Cheese and cured meats Awards

Squacquerone di Romagna DOP - Reported by the Gambero Rosso guide The best cheeses of Italy.

Pecorino Cru - Italian Cheese Awards 2015.

Pecorino Il Vero - Reported by the Gambero Rosso guide The best cheeses of Italy 2012

Prosciutto crudo San Patrignano - Reported by the Gambero Rosso guide Best Cured Meats 2013

Lombetto San Patrignano - Reported by the Gambero Rosso guide Best Cured Meats 2013

Wines Awards

Awards by Gambero Rosso Guide

Avi 1999, 2000, 2001, 2005, 2006, 2007, 2008, 2011

Montepiolo 1999, 2001, 2004, 2006, 2012

Noi 2004,

Ora 2011, 2012

Awards by Bibenda

Avi 1997, 1999, 2000, 2001, 2003, 2004, 2005, 2007, 2008, 2009, 2011, 2012

Montepiolo 2000, 2005, 2007, 2008

Noi 2001

Awards by Veronelli

AVI 1998, 1999, 2000, 2001, 2003, 2004

Montepiolo 1999, 2000, 2001, 2003, 2004

Awards by the Wine Advocate

AVI 1999, 2000, 2001, 2003, 2004,

Montepiolo 1999, 2001, 2004, 2005, 2006, 2007

Noi 2006, 2007, 2009

Awards by Wine Spectator

Noi 2002

Noi 2003

Awards by the Essential Guide To Wines of Italy -

Daniel Cernilli

AVI 2012

In September 2016, our pizzeria Sp.accio was elected the best pizzeria in Italy on the website Il Gastronauta, created by Davide Paolini

4.3 Published experiences

List:

Annual mission reports (2005, 2006, 2007, 2008, 2009, 2010, 2012, 2013 and 2014)

The sociological researches

Guidicini, P. & Pieretti G. (1994). San Patrignano Between community and Society, Franco Angeli

Guidicini, P. & Pieretti G. (1996). San Patrignano environmental Therapy and city effects, Franco Angeli (1996)

Baraldi, C. & Piazzzi, G. (1998). The community seen from the bottom, Children at San Patrignano, Franco Angeli

Follow up study:

Manfrè, G.; Piazzzi, G.; Pollettini, A (2005). Beyond the community,

A multidisciplinary study of retention in treatment and follow up on former residents of San Patrignano Franco Angeli

Berardi. F. & Manfrè, G (2007). **At risk life-styles.** The youth perception of angst, marginalization and drug abuse, Guaraldi

EuroMedia Research (2014) **An “healthy” entertainment, getting high** (Un sano divertimento da sballo), Milano, research on a sample of 500 young people about the link between entertainment and highs

Antidrug Policies Department in collaboration with San Patrignano and the University of Bologna, (2015)

A culture of life, a survey on young participants to the prevention project WePad, San Patrignano

5 Main challenges so far and future plan

5.1 Strategic plan

San Patrignano is a social enterprise and as such it presents the challenges of a hybrid organization: managing the reinsertion between the social mission and the commercial goals to achieve full self-sustainability. Here following the main challenges and the related solutions that have been identified:

Achieve sustainability without endangering the social value of the community- Until the present the community has been self sufficient and able to cover its running expenses up to 50% of its needs thanks to its commercial and rentable activities. The remaining 50% comes from private donations from individuals, corporate business also from Regional, National and European Funds aiming to support some specific projects and activities, in particular vocational trainings and drug prevention initiatives in Italian schools. San

Patrignano does not take public funds for the daily operation of the community or contributions from the residents or their families. This was a decision made from the early days and the community strongly believes it is the best way to secure San Patrignano independence. Offering the program for free is one of the pillar of the community model. San Patrignano is meant to be an extended family where love and mutual support should not have a price tag on.

In order to make the community more economically sustainable and decrease the need for donation to just the 25% of the overall budget, there is a need to increase the rental activities of San Patrignano, exploring new opportunities to sell its own products and services and tailoring them to the market needs. This process, it is still ongoing, taking into consideration that the social mission of the community is a top priority and should not be compromised by the market driven activities.

In this respect, the community is enhancing some of the historical activities that had been identified as more profitable for San Patrignano, and at the same time more efficient in foster social reintegration. More on this aspect will be elaborated in the section below titled proposal for future activities.

Securing staff continuity - Historically San Patrignano has been mainly based on the work of volunteers, who have dedicated their life at the service of the community. In time, long with volunteers paid staff has been introduced to cover the needs of an increasing community. While the concept of peer to peer and being a former addicts and role model for the youngsters is irreplaceable, some of the other tasks could be delegated. The combination between volunteers and employers, sometime presents challenges that are overcome by the common sense of belonging and contributing to the community social mission.

Need for evaluation of the work and follow up research on the results of the program - San Patrignano believes in the importance of follow up research to validate the achievements of its therapeutic program and in time also improve it. For this reason, it has invested in keeping a database on all the residents, including health records, information on the program and on release, so that it could be used as base for further studies. Independent evaluations and researches have been conducted in cooperation with the University of Bologna, Pavia and Urbino in the past, as well as the on-going joint research project OUTCOME in cooperation with the Antidrug Policies Department (Dipartimento Politiche Antidroga). However, the costs of conducting this kind of extensive researches might be an impediment on the sustainability of it. Therefore the

community is looking into ways of maximizing an internal evaluation and record tracking, so that a systematic collection of information, could facilitate the research and minimize the efforts and the economic impact of an external evaluation, while embedding it into the activities of the community. In this way it would be possible to extract data and analyze them cutting down the cost of data collection and focusing more on the elaboration of the results.

Respond to other social needs - The concept and perception of addiction changes constantly in the society. Based on its long term expertise on addiction San Patrignano is able to formulate new responses to emerging social needs connected with new addictions such as for example Gambling. A new pilot program has been formulated for gamblers, who will be integrated in the community with an ad hoc treatment program. The community also offer pet therapy sessions for children helping them socializing and wounded adults who would benefit from the interactions with dog for healing effects on motor skills. San Patrignano could consider adapting its model to respond to other social needs or additional forms of social marginalization, such as elderly or homeless people.

Replicability of the model/ providing counseling to others - San Patrignano has been inspirational for many realities and have created satellite communities of its own in the past. While the economic and social structure made these satellites more fragile than the headquarters, in time it was considered that they could be used in different ways and the premises were refurbished to respond to other needs, such as early treatment and detox phase for residents.

Nevertheless, replication of the model is possible, it has to be surely adapted to the reality of the country and place where the new community would be created. For this reason, San Patrignano is not directly in charge of the replication projects, that have to come from the local level. The community stands ready to assist and council on the best way to adapt the program, securing adherence to the leading principles and staying true to the San Patrignano spirit. So far here is the list of the organizations that got inspired by the community and created a treatment center modeled after San Patrignano: De Hoop, 1979 – Dordrecht (Paesi Bassi); Vitanova, 1987 – Woodbridge (Canada); Oum-El-Nour, 1989 – Beirut (Libano); Basta Arbetskooperativ, 1994 – Nykvarn (Svezia); John Volken Academy, 2003 – Seattle e Phoenix USA, and Vancouver (Canada); Woodwynn Farm, 2009, Saanichton (Canada); Jegersberg gård-rehabiliterings-og kompetansessenter, 2012 - Kristiansand–Norway; IF (Independence from

Drugs & Alcohol Scotland), 2013 - Edinburgh (Scozia); Hope Springs, 2016, Geraldton, WA; Streetohome Foundation, currently, Vancouver, Canada among others.

Advocating for recovery- The community believes in the importance of advocating for recovery at the national and international levels. Being champions of the recovery movement means spreading awareness on the fact that recovery is possible and should be further promoted. Drug addicts have choices and are not to be hidden or stigmatized but helped and guided towards their recovery.

A public health approach to addiction should be based on recovery as the leading paradigm in drug policies that are people centered and have at heart the well being of people and communities.

5.2 Proposal for futures activities

Social finance

San Patrignano is a leader in impact finance in Italy. Social finance is contributing to the long run sustainability of the community and it is expected to gain increasingly importance in the future.

In 2015 Duemme- San Patrignano, the first philanthropic investment fund, was launched by Banca Esperia, the investment bank. This is the first investment fund in the country that reconciles public and private interests.

The fund collects investments from individual and institutional investors. It has a prudent investment policy to preserve the capital and since its launch has generated 2.4% net profit. 50% of the management fee is donated to San Patrignano for its core mission. By October 2016 the total capital of the fund was 160m euros providing 110'000 euros to San Patrignano annually.

This is a straightforward contribution to the sustainability of San Patrignano without any further fundraising cost for the organization. The fund does not have an end date so, theoretically, it could become a perennial source of income growing year after year, and as effective as an endowment. Equally the fund allows investors to pursue their own interests contributing to the well-being of society at the same time. This model has been so successful that it has already been replicated by other non-profit organizations in Italy.

In 2016 the fund will be listed becoming accessible on the retail market. Ordinary people will be able to invest in the fund with just 10'000 euros. It will be sufficient to ask for it at the local bank. This could have a real impact on the main stream saving market making a real difference for non-profit organizations as well as finance. As the trust of people in banks has been plummeting since the crisis started in 2008 this new type of financial instruments could restore general trust in finance bringing it back to do its job: providing capital to address societal needs.

Optimization of the vocational trainings

San Patrignano has realized the importance of constantly improving the educational offer for the residents. SP is exploring also new areas for job training to be offered to the residents. One of the areas in high demand for the labor market, is the one including all the professions connected to food: waiter, chef and pastry chef, baker and pizza chef, cheese-maker and butcher, sommelier, wine and cellar master.

Also those skills connected to wellness have a good employability, such as Shiatsu operator, hairstylist and make-up artist. The Association Namikoshi Shiatsu Europe and the international company l'Oreal are offering their know-how and support in creating training for the residents in these fields. San Patrignano's top priority is always offering the residents vocational trainings that can increase their self-esteem, enhancing their talent, and at the same time offer the better opportunities of social reintegration, also considering the present Italian economic and occupational crisis.

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CHAPTER 2

CEIS STUDY CASE

Centro Italiano di Solidarietà don Mario Picchi (Don Mario Picchi Italian Solidarity Center, also known as “CelS”) is a non-governmental association which started operating at the end of the 60s, and legally founded in 1971.

CelS, although known in Italy and throughout the world for having devoted most of his activities to the treatment and rehabilitation of people with problems related to drug use, has been gradually extending its range of interventions, especially in the first years of the third millennium, to other realities of economic, social and cultural hardship.

1. Start up and challenges

1.1 History of the institution

The beginning in Italy

The founder, don Mario Picchi, was a priest who was concerned about problems of youth marginalization in the complex context of the city of Rome.

Earlier efforts were mainly aimed at raising public awareness on issues of war, hunger, poverty and youth problems. Later (end of 60s and early 70s) the spread of drug use reached alarming levels in Italy and CelS accepted the challenge and began to operate in this field.

In the early 70s CelS had a strong increase in requests for assistance in the field of drug addiction. A group of volunteers of the center organized a study tour in northern Europe, where the problem was already addressed by therapeutic communities and began to have contacts with North-American therapeutic communities.

The inspiration from North-American communities

In the early '70s Don Picchi managed to travel abroad with his Vice-President (Juan Pares Plan, also known as Juan Corelli), participating to congresses and international study visits in Europe and North America. Soon he was inspired by the “Daytop Village” model, a drug addiction treatment organization with facilities in New York City and New Jersey. Daytop was founded in 1963 by Dr. Daniel Casriel M.D along with Monsignor William B. O'Brien, a Roman Catholic priest and founder and president of the World Federation of Therapeutic Communities.

About eight Italian users were sent for two years at the Daytop Village and when they came back CelS started a community that was based on the same model. Daytop held a strict supervision on the implementation of the model in Italy and soon emerged differences in cultural and therapeutic approaches. The so called “Daytop managers” came from different context/culture, and, even more, Daytop was a military mold community and that didn't fit to Italian context.

The evolution of the model

An important shift in evolution of CelS model was in 1978 when don Mario Picchi hosted the third Therapeutic Communities Congress in Rome at Saint Charles Community (Castelgandolfo). Two different approaches in drug treatment clearly emerged:

- a NORTH AMERICAN approach, represented by Daytop model, in which users were emotionally involved by self-identification with ex drug users in the role of managers. No therapeutic intervention, but the sharing of a common experience. Nonetheless, it showed weakness in the organization and coping with different emerging problems.
- a NORTH EUROPEAN approach, which privileged a professional and therapeutic model of intervention. The main elements of this approach were the presence of professional therapists in the role of “leadership” and a good management. Nonetheless, it showed weakness in emotional involvement of users.

From these first contacts with North-American communities, especially with the “Daytop” programme, don Picchi had the idea of creating an “Italian” way for drug addicts' rehabilitation in Rome. On January 28th 1979 a small bunch of volunteers and Don Mario Picchi

himself started, after a period of intensive training, a real therapeutic community in a small house in the township of Trullo, near Rome.

At the head of the experience stood former drug addicts, also Daytop veterans. On February 5th, the first entry of a drug-addict as an official resident led to the first therapeutic community for addicts called St. Andrew, inspired by the tradition of hierarchical pyramid of American communities.

After a few months the community moved to a villa donated by Pope John Paul II to Don Picchi, located between the towns of Marino and Castelgandolfo. It was named Saint Charles. The programme consisted of residential and non-residential phases. Saint Charles has always been the “laboratory” of CelS, in fact, from this experience new programmes have developed and continue to develop.

Connected and inspired by CelS a lot of programs arose in different countries. In Italy they gathered into the Italian Federation of Therapeutic Communities, of which Don Mario Picchi remained president until 1994.

In May 2010, at the age of 80, don Mario Picchi died. The values and the work of the founder were transferred and renewed by the new President, Roberto Mineo who has driven CelS to the new challenges in a time of profound social and economical change.

1.2 Structure

Multi-functional and human centered organization

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

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

Open door and gratuity

In the therapeutic and educational programs doors are open to everyone, even those (numerous people) who do not benefit from repayment with any public bodies. This emphasizes the difficulty of maintaining a complex system like CelS, considering at the same time the progressive reduction, in recent years, of the resources allocated to social spending by the institutions and the

consequent contraction of contributions available to those who provide services on site. Simultaneously there are growing demands for multiplying and diversifying services for those who turn to CelS looking for an appropriate response.

Financial support to CelS comes from public institutions - agreements with the local health authorities, projects financed or co-financed by local authorities, regional, supranational, Foundations - and another part by voluntary donations of religious or civil authorities and private citizens, benefactors who have always been the economic backbone in supporting the different activities of the association.

Reintegration oriented

Relationship between equals, relationship with authority, social control, responsibility, spirituality, they all create the good basis for social reintegration. The social and educational process is an open system, in which users do not follow rigidly structured and predetermined paths. The model holds a wide flexibility to respond to the needs of every single person.

1.3 Original mission, vision and objectives.

The Center, which took inspiration from its activity to the contents of human solidarity and Christian love, has the following purposes:

- promoting initiatives to raise awareness on people needs, groups and private institutions, to encourage society to express solidarity in the most appropriate forms;
- promoting, supporting and financing the development of organizations specializing in assistance and rehabilitation of different disadvantaged groups in Italy and abroad;
- promoting, encouraging and supporting the establishment and activities of youth associations and solidarity groups;
- promoting vocational training for social workers, encouraging scientific and specialist interventions;
- promoting and carrying out training for and renewal of school staff;
- promoting personal growth of people in distress and marginalized people, addressing people needs and carrying out prevention, overcoming marginalization through the prevention and removal of situations of need;
- promoting and carrying out training, employment services, scientific and applied research, cultural dissemination and promotion, development of national and international interventions, targeting disadvantaged social sectors;

- designing and implementing concrete activities for disadvantaged groups carried out by volunteers.

Total recovery

The work done by CelS is based on the concept of “total recovery” of the person. The concept is embedded in the 2011 UN Narcotics Commission with the approval of the Resolution 54/5 of the same year. Also at international level, CelS has welcomed the replacement of the term “harm reduction” not as a mere ideological stance. The alternative proposed, a new and broader concept, namely “risk reduction”, supports a holistic and not a unilateral approach to the issue. Risk reduction, in its implementation strategy, requires effective prevention policies able to intervene even before the harm becomes chronic and take the form of drug addiction.

The value of each single person

In terms of drug-related issues, CelS approach has always been focused on the value of the person. The therapeutic programme is not against drugs or other addiction symptoms, but it is aimed for human beings.

The role of volunteering

The process through which the model was developed started in the early years of activities. In the beginning don Mario Picchi founded his association with the help of a bunch of volunteers. Hiring no professional staff, he started to support people in the railway station of Rome Termini, where he was priest. Soon he realized that he needed more than a place of acceptance, which, in those times, was a flat in Piazza Navona in Rome.

Continuous experimentation

An essential element that determined the success of Human Project approach and put it at the forefront of therapeutic programmes (capable to generate the birth of a large number of national and international programmes) is the continuous experimentation, with particular reference to educational and therapeutic approaches. The term “laboratory” is the most appropriate to indicate a specific feature of the program, in which the organization and its dynamics, the behavior of the groups and the relationship with the authority profoundly affect the development of autonomy among users.

This element is still preserved and strengthened not only because it is deeply linked to the word of the founder, don Mario Picchi, and its deeply innovative vision, but also because it has proven effective for men and women who have gone through CelS communities (over 10,000 in of about 35 years of life).

Also it holds an innovative strength, which is still intact after many years. The medical and pharmacological, psychotherapeutic and socio-educational advances have certainly been decisive in countering addiction, but still have not been able to reach an interpretation as “humanistic” and “humanizing” of care such as the one provided by CelS.

1.4 Progetto Uomo and the creation of the Italian Model

Don Mario Picchi wanted to create an Italian way to offer treatment to drug users who decided to quit their addiction. Having studied international models coming from North America and Northern Europe, he envisaged the risks connected to a rigid application of each approach. A fully medicalization intervention could lead to a devaluation of all the psycho-social components, the history of the person and the type of treatment. On the other side an over-evaluation of health aspects, a fully psycho-social perspective could lead to an under-estimation of the psychopathological and/or psychiatric aspects and to a concrete risk of chronicity and ineffective treatment.

Don Mario Picchi thought that a good rehabilitation model for drug users could be a combination of the two approaches. He founded a Training School (Casa del Sole) to give birth and maintenance to his view.

Gradually, the developing of a rehabilitation model and a philosophy emerged in both educational and therapeutic CelS programs. This model/philosophy has been called Human Project (Progetto Uomo).

1.5 Alliances and networks

Relationship with the United Nations

In 1985, the Economic and Social Council of the United Nations (ECOSOC) has recognized the CelS as a Non-Governmental Organization (NGO) with consultative status (category II). CelS regularly participates in the meetings of various committees established within the United Nations, such as those of the Commission on Narcotic Drugs of the UNODC in Vienna.

The work of CelS in the field of international cooperation

In 1987, the Centre has been granted by the Italian Ministry of Foreign Affairs and the European Economic Community the access to finance for the execution of projects in the developing countries (DCs).

In all these years CelS has realized a number of projects, as well as collaborating with the Italian

government and with governments and governmental institutions from different countries, particularly in Latin America and Africa.

In 1992 CelS signed an agreement with the Bolivian government to support the social and health development in the country.

CelS affiliation with the World Federation of Therapeutic communities

In 1978 and in 1984 CelS organized and hosted respectively the III and VIII World Congress of the World Federation of Therapeutic Communities (WFTC). As a member of the Organizing Committee, CelS organized the “World Forum of Non-Governmental Organizations” which was held in Bangkok in December 1994.

National certifications held by CelS:

- auxiliary body of the Lazio Region.
- accredited body at the Ministry of the Interior in the performance of activities in favor of immigrants.
- organization recognized by the Ministry of Education
- accredited at the Ministry of University and Scientific Research for the education and further training of teachers of the school of all levels.
- member of the RUC of the City of Rome as a body responsible for working with children and disadvantaged adults.
- accredited body for the implementation of the National Civil Service.
- accredited body to “Comunitalia” national project by Anti Drug Policy Department attended by all the major networks and private social organizations operating in drug addiction.

Consultant to national advisory bodies including:

- Consult of Experts and Social Operators on drug-addiction, at the Anti Drug Policy Department
- Board of AIDS at the Ministry of Health.
- Board of Mental Health, at the Lazio Region.
- Board of Civil Rights, Citizenship, Juridical condition of Foreigner, Immigration and Right of Asylum, at the Prefecture.
- Consultant for the Penitentiary of Rome.
- Citizens’ Committee for Decentralised Cooperation, at the City of Rome.
- Board of social health, at Municipality XI City of Rome.
- Board of the culture, at Municipality XI City of Rome.
- Board of bullying at Municipality XII City of Rome.
- Territorial Council for Immigration at the Prefecture of Rome.
- Founder of Association ACTA Lazio (Association Community Accredited therapeutic Lazio)

2. Target groups and methodology of intervention

2.1 Target groups

The program is aimed at helping adults, males and females, with addiction issues. The profound social changes that have occurred in the last four decades have led CelS to develop even more complex and differentiated responses to address the phenomenon of drug addiction whose increase, far from diminishing, has gone through deep transformations in terms of chemistry and psychology.

The complex definition of addiction

The figure of “addicted” which now reaches CelS services is, in fact, much more complex and multifaceted than ever before and therefore needs to be charged in its many aspects:

- polydrug use: more and more young people are not using just one specific type of drug, but often take different substances; this assumption is linked both to the situation of the moment and the availability of the drug;
- growing poverty: the economic problem does not concern only users, but the whole family system
- large frequency of “homeless”;
- growing unemployment;
- low education and culture;
- micro-crime linked to drug problems (for many users it involves the family);
- use and abuse of alcohol; and
- even the family environment of the “addicted” presents new characteristic aspects:
 - progressive disintegration of the traditional family
 - parents often drug abusers
 - low education
 - working and economic difficulties

Double diagnose and patients with co-morbidity

A special attention is dedicated to a special kind of users that CelS is supporting since 1990 in the service called “ECO” (see later): young people (aged between 16 and 26 years) at risk of psychopathological comorbidity (or “dual diagnosis”).

In these years of operation CelS has been forced to broaden its views about the phenomena of addiction and abuse. Working with adolescents and young people, with the aim to intervene as early as possible on the risk of comorbidity, CelS staff came across the most varied forms of disease. They observed an heterogeneous changing, far beyond the specific

object of “Abuse” (drugs, alcohol, psycho-drugs, internet, gambling, pathological relationships, sex, food, self-harm behavior, deviant and antisocial behavior) converging to a common denominator, which seemed to be an addictive style connected to the lifestyles of the youngsters.

New social needs

At a certain time (between the eighties and the nineties) it was noted a strong increase in demand for intervention by the so-called social dependencies (workholism, exercise addiction) and behavioral (emotional dependence, pathological gambling ; internet addiction).

Nowadays it is difficult to understand the phenomenon of addiction by appealing only to the characteristics of the substance taken, or tracking the individual's personality traits that justifies the tendency to develop addiction.

2.2 Theoretical basis of methodology

Evolving programs

Programs in CelS are constantly evolving, thanks to the openness to different personalities representing major contemporary humanistic theories, which have enabled the acquisition of thoughts and always turned techniques to individual needs.

The basic philosophy of the approach includes many cultural and pshicoterapeutic evolutions. For instance, “Rogers Therapy” (founded by Carl Rogers), applied mainly in meeting groups and in staff training, progressively re-shaped the climate of communities leading to a more self-responsibility of users and less control by staff.

Other important figures in the history of CelS were Lewis Yablowsky, sociologist and Zerka Moreno who have spread psycho-dramatic technique and the wide possibilities of its use in the community.

Elisabeth Lukas, a student at the psychiatrist Victor Frankl, spread Logotherapy, a psychological theory that recovers the spiritual dimension of the human person, among CelS staff.

The main characteristic of Human Project seems to be the variety of situations, people, life experiences that allows to create a realistic micro-society, in which users recognize and express themselves according to their own limitations and their potential.

Bridger's influence in perfecting the program

But perhaps the most important influence, in terms of scientific advance, was given by Sir Harold

Bridger (The Tavistock Institute in London). The world renowned psychoanalyst and one of the leading experts in therapeutic communities, had a fundamental importance, with its semi-annual consultations in the programme management model changes, facilitating the integration between sectors and consultations between staff, thus reducing the North-American model based on the pyramidal/hierarchical organization.

Bridger brought the organization to a very high degree of self-supervision capacity, putting in the first line the controversial dynamic between leadership and followership, the crucial role of staff in igniting fear and anger, as projection of parental schemes. “Organizational behavior”, in the eighties and in the nineties, became one of the leading theories in CelS programmes. The study of human behavior in organizational settings, the interface between human behavior and the organization, and the organization itself, used to be common language among staff at CelS, and still is.

Autonomy versus Sobriety

From an earlier stage of application Human Project evolved in a more complex set of methodologies and practices that are always in a dynamic of changing. The process of intervention aims at developing autonomy for users. Autonomy is very different from sobriety which is, for people using drugs, the character or the quality of “who is sober”, who controls himself and refrains from taking drugs. It is pretty well known to those who are involved in education in contexts of addiction that the quality of “being sober”, the quality of self-controlling, despite being a crucial element in a process of recovery, cannot be a valid resistance to the addiction relapse in the medium to long term.

Autonomy oriented treatment

At the center of the treatment, therefore, emerges the “search of autonomy”, that is, first, autonomy from drugs (or in case of behavioral addiction, is autonomy from an at-risk behavior), then it becomes emotional and relational autonomy, freedom to live relationships without being trapped in them, then economic and social autonomy by searching or consolidating a business that can provide stability; finally, cultural autonomy and/or spiritual identity with the development of new routes and the discovery “or rediscovery” of new meaningfulness.

A Case manager (staff), in a position of an almost peer-educator (users are not patients, nor clients), leads users through the transition from addiction to autonomy. This is achieved by changing the lifestyle of an individual who uses the therapeutic community as a tool for enhancing individual autonomy.

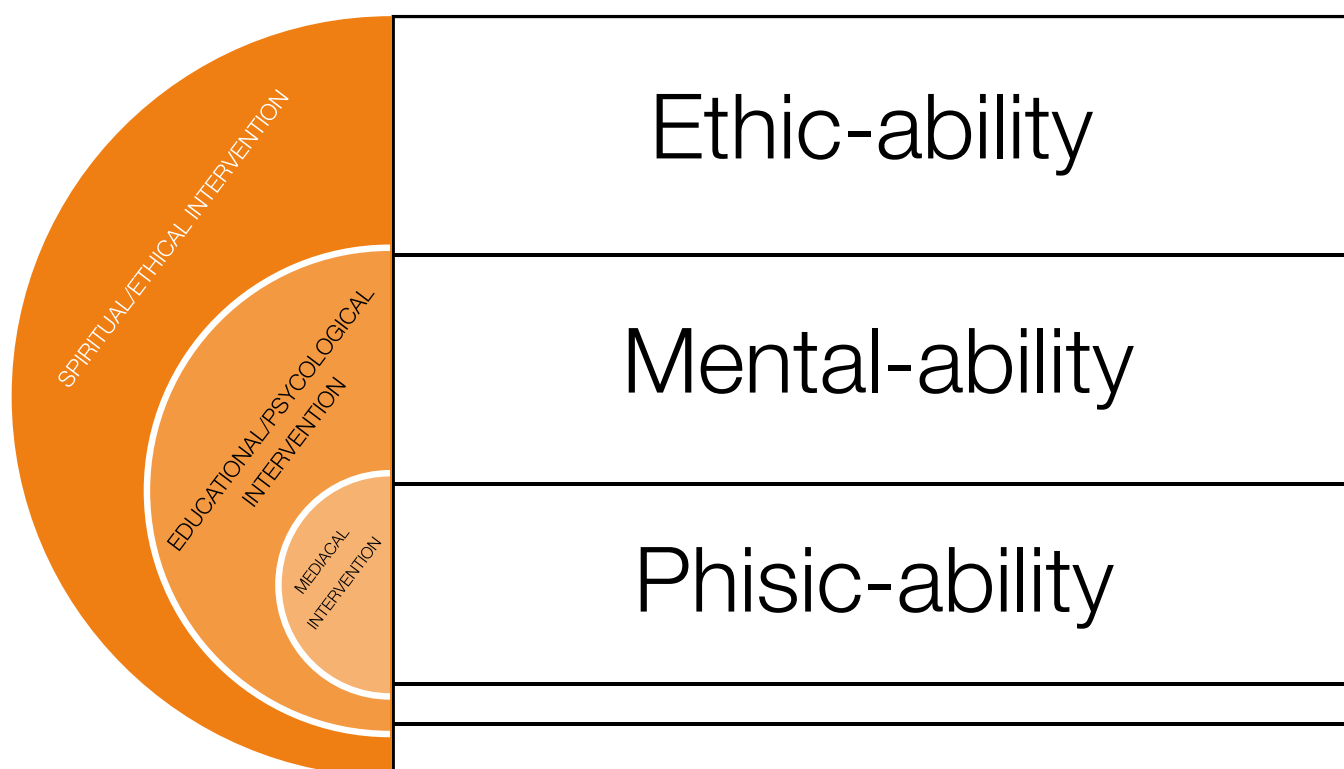
From the conceptual point of view the intervention

model is inspired by the deep rooted cultural tradition of its founder don Mario Picchi. The model adopts a point of view which is now widely shared at national and international level. According to the legacy of don Mario Picchi, a strategy for the promotion and management of autonomy, meant as the virtue of acting upon an internally consistent framework or a “self-ruling capacity, should not imply a choice between a rules-based approach, rules, control/responsibility dynamics, and a spiritual/ethical-based approach, but should be an adequate and flexible combination of both.

This approach is further elaborated in the Graph below and in the following paragraphs.

Spirituality

The term “spirituality” should not be misunderstood. The term refers to certain kinds of activities through which a person seeks meaning. It may refer to personal growth, blissful experience or an encounter with one’s own “inner dimension”. Don Mario Picchi was inspired by the work of an Austrian neurologist and psychiatrist, Viktor Frankl (1905/1997), who was also a Holocaust survivor. Frankl was the founder of logotherapy, considered the third Viennese School of Psychotherapy, among the broad category that comprises existentialists. As Irvin Yalom wrote, Frankl *“has devoted his career to a study of an existential approach to therapy, has apparently concluded that the lack of meaning is the paramount existential stress. To him, existential neurosis is synonymous with a crisis of meaninglessness”*.



Explanation to the graphic

- *Phisic-ability. Medical intervention aimed at satisfying base needs, ie detoxification*
- *Mental-ability. Educational and psychological intervention aimed at empowering behaviors and attitudes, ie control/responsibility dynamics*
- *Ethic-ability. Spiritual/ethical intervention aimed at empowering the capacity of the user to assign to behaviors a deontological status according to an autonomous set of values*

Ethicability

Next to the concept of spirituality, emerges the concept of “ethic-ability”, which is the capacity of the user to assign to behaviors a deontological status according to an autonomous set of values. When we come to terms like “ethics” we need to agree on the meaning of the concept. As a branch of philosophy, ethics seeks to resolve questions of human morality, by defining concepts such as good and evil, right and wrong, virtue and vice, justice and crime. The French philosophers Paul Ricœur and Guy Bourgeault, for example, generally reserve the term “ethics” for fundamental reflection on essential questions of human behavior. Ethics tells us what is right and what is wrong, while rules tell us how we should behave. Ethic-ability is the capacity to self-ruling even in complicated circumstances.

To explain ethic-ability it is necessary to clarify some key concept. There is a connection between what a person thinks and feels and the way he or she acts, but in many cases the connection is weaker than people normally would think. It seems that human expression and behaviors are subject to multiple influences

Personal attitude will predict a specific behavior if other influences are minimized and if the attitude is strong enough, or due to the reason the person wants to do the right thing, or he/she is trained to think in a determined way. Also, people might acquire attitudes that make them stronger or weaker, depending on the circumstances.

An extensive series of experiments by Russell Fazio and Mark Zanna show that when attitudes arise from experience, they are far more likely to endure and to guide actions. In CeIS view, to understand behaviors and attitudes and their relationship there is a need for crucial element which is “ethics”. Both attitudes and behaviors are driven by, or in some way supported, by an ethical position. Only a powerful “ethical position” can predict behaviors even in complicated contexts.

Ethical space

Ethical positions only arise if programmes conceive the building and maintenance of users’ so-called “ethical space”. The definition of “ethical space”, introduced by Lord Moulton through the famous paraphrase “obedience to the unenforceable” gets the point of one of the most interesting aspects of fragility of Rehabilitation Programmes that use behavioral approaches as means to reduce relapses.

The programmes works based on a strong structure

that supports recovering users thanks to specific practices and rules of conduct. But outside the Programme everything changes. There’s no structure anymore, as much as there’s no more behavioral cages founded on rules, on peer and leadership relationship. And here comes into play “the obedience to the unenforceable” that is, the ethical space.

If this space is not trained, maintained, if it is not empowered, for example, through the activation of a strong mindset and a strong ethical stance made on daily choices discussion, the recovering user is likely to shift back again from rule addiction to drug addiction. The conquest and maintenance of one’s own ethical space ethic-ability, therefore, is parallel to the conquest of autonomy.

Double key mechanism

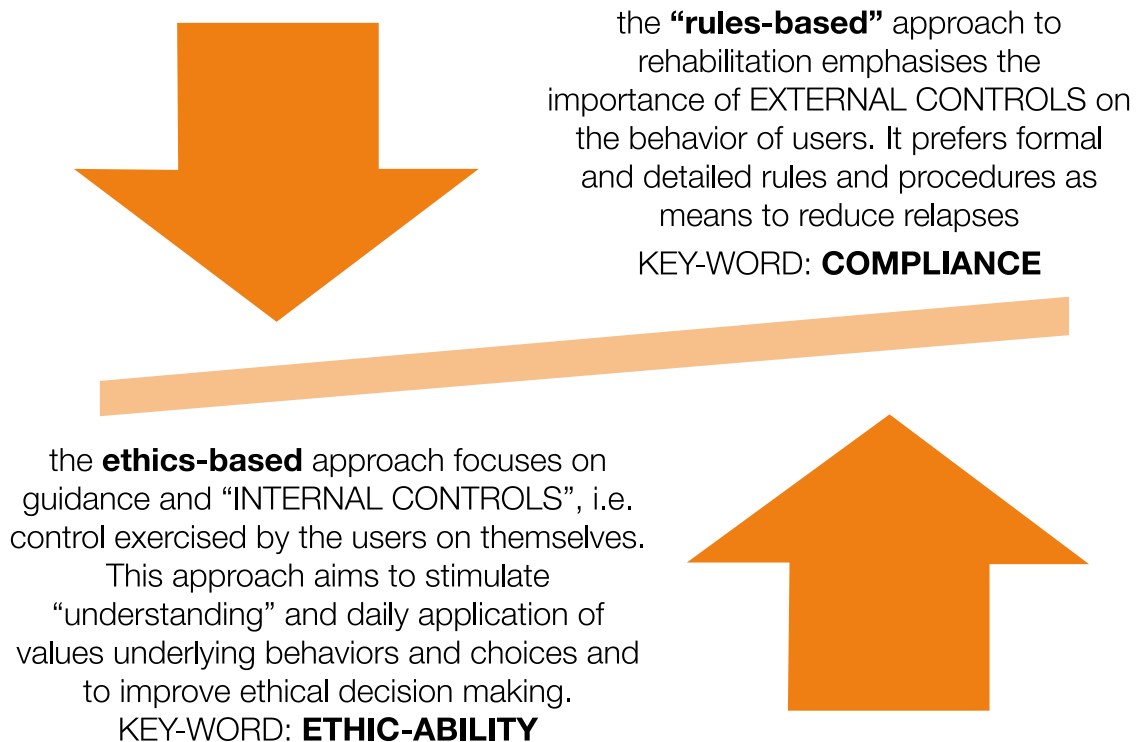
The deep meaning of autonomy, in fact, lies in the self-ruling capacity which is the capacity of an individual to live, according to his own set of rules, not as an extraneous from context and from community, but being fully aware of the meaning and implications of his choices. In this sense, “autonomy” is the exact opposite of “addiction”.

How to change users’ attitudes towards autonomy, then, becomes the key question. How to lead people to self-ruling and to make ethical choices, which means choices made for users’ best interest. A therapeutic programme should, therefore, promote a “holistic approach” in the sense of guiding its users to build a sound behavioral shield, normative cages and physical structures of containment as therapeutic communities, the control/responsability dynamics, and to develop ethical decision-making capacity by the strengthening of the so-called “ethical space”.

The double key aims at:

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

THE DOUBLE-KEY (i.e., The combination of approaches)



2.3 Process of intervention

The phases of the program in brief

The Programme is divided into four distinct phases, characterized by their own objectives and linked to a process based on a combination of approaches, as described above, accompanying the users until the full autonomy and full reintegration into society.

FIRST PHASE. Acceptance. This phase, which lasts about six months, has as main objective to assist drug users in quitting their addiction and preparing them for the admission in the therapeutic community.

SECOND PHASE. Rehabilitation. The second phase is characterized by a residential setting of about eight months in the therapeutic community.

THIRD PHASE. Social reintegration (step 1). The third phase lasting about five months, is still residential, and has among its main objectives to guide the user in the social reintegration, to check on gradual and progressive knowledges and skills, and testing the progress.

FOURTH PHASE. Social reintegration (step 2). The fourth phase, non-residential, lasts about ten months and has as main objective the continuous monitoring of user's process of reintegration.

FIRST PHASE. The ACCEPTANCE phase and the developing of motivation

Acceptance, motivation and time

The fundamental task of Acceptance is to assess the needs of people and deepen the knowledge and motivation with the ultimate goal to accompany them to their appropriate services.

Motivation is developed through a wide range of tools. **Time** is a crucial element to discourage and discontinue relapses, but a pro-active stimulation is guaranteed through:

- clinical interviews, at the individual level and group level and, where possible, family or couple counseling so to stimulate and support the user in the process of change;
- psycho - social activities - re-education, aimed at enhancing and strengthening personal resources and stimulating and maintaining the motivation to stay in treatment
- work and educational, sports and leisure, in addition to those psycho-educational, for a consistent use of the free time with the aim of “re-harmonize” the user and improve psycho-physical state
- involvement of family members and / or significant others, where possible
- development of life management skills;

- medical consultations and administration of drug therapy;
- group seminars;
- group and individual activities;
- physical activity; and
- recovery of behavioral and social skills.

Specific objectives of the first phase are:

- Reducing and discontinue the use or abuse of drugs;
- Stimulating and strengthen the motivation to change;
- Involving the family and/or reference structures;
- Promoting and encourage a virtuous cycle of implementation of shared values through a request for change of disfunctional behavior;
- Informing of the opportunities, perspectives, spaces and times that the Centre offers;
- Signing an alliance with the user which requires compliance with the standards and rules of common life;
- Assessing the user needs in order to send them to the semi-residential services, residential or other external structures;
- Assessing the physical and mental state of the people and their relative legal status; and
- Reducing the risk of infection, relapses and risk behaviors.

SECOND PHASE. Rehabilitation. The Therapeutic Community phase and the empowerment through control and responsibility

The autonomy oriented therapeutic community model

Autonomy: The therapeutic community is seen as a set of interested and involved people, organizations, structures and facilities, individual and social activities, educational and therapeutic tools and approaches. The overall aim is leading users to a new and higher degree of autonomy.

The ability to differentiate interventions allows mutual integration between people who have lived different experiences. The variety of situations, individuals and experiences in the Community, in fact, allow the creation of a real micro-society, in which residents can relate and express themselves according to their own limitations and their potential.

Mutual aid and solidarity: **Mutual aid**, the positive force that arises from the aggregation and co-existence, the values of sharing and collaboration, allows the expression of the deepest human dimension: **solidarity**.

Acquiring responsibilities: One way in which the staff can guide users towards autonomy is undoubtedly represented by the assignment of **responsibilities** within the program. Within the Community, for example, those who support a truly oriented path to autonomy can be assigned a particular role that increases the effectiveness of “**role modeling**”.

Dynamics between control and responsibility is at the core of this phase. User is constantly challenged to loose a negative attitude towards responsibilities, but it has to be done gradually, as long as users become more trustful and reliable.

The sense of beauty: One of the most important elements is the attention that the program offers to the living environment, with particular reference to the maintenance of the **beauty** of the center. The intuition of Don Mario Picchi has resulted and continues to result in the peculiar attention that the program dedicates to people and their existential and relational “maintenance”.

The beauty of the environment contributes to the healing process according to ancient traditions and the Saint Charles program embraces and exemplifies this philosophy.

The sense of belonging to the group and the relationships are full of symbolic meaning. Some activities, such as cooking, are at the heart of the community and determine the overall environment. The meeting room for the staff is located on the top of a large staircase, and symbolizes the authority, the governance and also the emotional closeness and accessibility.

Relationship with the environment. A program is defined, therefore, through its architecture and its physical characteristics.

There is an ecological relationship with the environment. If the environment is well kept, the feed-back that users will receive on their process of development of autonomy will be empowering. Moreover, the term “ecology” refers to the centrality of “oikos”, ie, the “house”.

Therefore a system of standards is more effective in a non-degraded environment, compliant with the legal system itself. A violation of the rules in such a refined setting is associated, in fact, with the “mess in my house”.

The importance of the rules and flexibility

Progressively therapeutic communities started using “rules” as tools for enhancing autonomy as well as regulating community social life. **A rules-based approach is crucial.** It provides a very clear picture for users, however, through years, it was noted that there are risks related to excessive use of regulation.

When users perceive that they are required to show obedience to a set of rules they are less likely to take ethically desirable behaviors, such as the reporting of violations by other users. Too much emphasis on a rules-based approach is counterproductive, because it can have a negative impact on the decision-making capacity of the users.

In addition, the rules have a limited tolerability. A minimum number of rules is essential, but sometimes rules begin to proliferate switching from a certain size to a dimension of uncertainty. People are no longer able to figure out what rules will apply to their case, as well as the leadership could fall into contradictions.

When there are too many rules, people begin to be afraid to break them, they're obsessed. The rules become the only objective. The tasks are performed by following all procedures and this is the only thing that matters. They become likely to fall into the typical neurotic forms of proliferation of rules, for example, the “hypengiofobia”, that is, the fear of taking responsibility, and “nomo-addiction”, ie reliance on rules.

The rules, finally, generate behavior compliance, while ethics generates influential attitudes, that is, able to influence the behavior beyond the contextual circumstances. Basically, if people are put in front of a choice it stimulates a reflection on what is right and what is wrong and generates a belief that guides their behavior.

Social control and peer-to-peer approach

Connected to the rule management, the crucial role of “social control” is powerful in CelS therapeutic communities. It is provided by professional staff, room-mates and working sector colleagues. It is a peer-to-peer maintenance network through confrontation of behaviors and feelings which progressively breaks the defensive barriers of the users.

Therapeutic and socio-cognitive tools

Beside this built-up tools, the Program provides other different tools in both educational and psychological aspects, ranging from humanistic approach to socio-

cognitive and behaviorist.

The activities can be group or individual, specific and/or targeted in accordance with the user, taking into account personal therapeutic process. There are also specialized interventions such as the classic Moreno Psychodrama, Gestalt therapy and client-centered therapy from Carl Rogers.

Therapeutic tools available are:

- meeting groups, Carl Rogers therapy - user centered approach;
- expression of emotions groups (also known as “N.I.P. - New Identity Process, a bonding therapy developed by Dan Casriel;
- sociodrama group, an adaptation of psychodrama to describe users social relationships;
- alcohol group
- project Team, also used to manage the working sectors;
- parenting groups;
- couples therapy;
- family meetings;
- individual interviews;
- motivational counselling;
- training courses; and
- general meetings;

The social and educational tools available are:

- working groups for each working sector
- technical-organizational meetings
- problem solving techniques

THIRD PHASE. The social reintegration phase and the empowerment of ethic-ability

Preparing social reintegration

The “cage” built through the behavioral standards and the peer-to-peer social control are effective especially at the beginning of the reintegration phase. Thus, out of Community, user is still protected and protects the environment in which he decides to live while developing his path. This external regulation will lead him to experience sobriety after a period of longer or shorter dependency. It's a crucial moment in which he/she will face new challenges, new decisions to be taken, and he/she is unused to weigh the implications of the choices.

Managing procrastination

He/she will probably struggle in managing the so-called procrastination of the positive effects of a decision, that is, the difficulty to choose something that will result in positive effects. Only in the medium to

long term, while in the short term will cause negative effects one of the characteristics of addiction is the inability of procrastinating the effects of a decision, attitude generated by the intake of drugs that generates instead, immediate effects. So when a user leaves the community, he will face reintegration moving between old and new dynamics. Even at this stage the behavioral cages are crucial to protect users. But, even more, he will be challenged to make decisions and to manage situations in which he/she is not used and no one can make such decisions in his/her place.

Gaining a deeper understanding

The program, therefore, supports users, the so-called quality of “support-ability”, and provides deep understanding of the new choices he/she will ever do. Therefore the program gives space and time for users to raise and discuss ethical dilemmas that arise in the course of daily life within the new context in which he/she lives during the reintegration phase, to recognize the individual and social implications of choices and to examine all forces that determine an influence, technically called “curvature”, of the decision-making process.

Learning from past mistakes

The opportunity to learn from their mistakes and from others’, is lost if users do not have sufficient room for the exchange, analysis and discussion of their experiences. Autonomy oriented reintegration is one where users have the habit of raising ethical issues without fear of being victimized and to *assign to behaviors a deontological status according to an autonomous set of values*, ethic-ability.

Creating the Ethical space to support successful reintegration

An example of this are the group supervision sessions aimed at the discussion of the Ethical Dilemmas. Dilemmas are situations where values conflict and where the choice must be made between different options and good reasons can be given for each of these alternatives. The objective of supervision is to recognize the ethical dilemmas that such situations are inevitable, that users are not alone when they face them and provide them techniques and guidelines on how to deal with these situations.

Typically, these techniques also include an ethical decision-making model. Ideally, the training also has an additional effect. It is thought that the discussion under the guidance of a facilitator on ethical dilemmas between users increases the likelihood that these situations

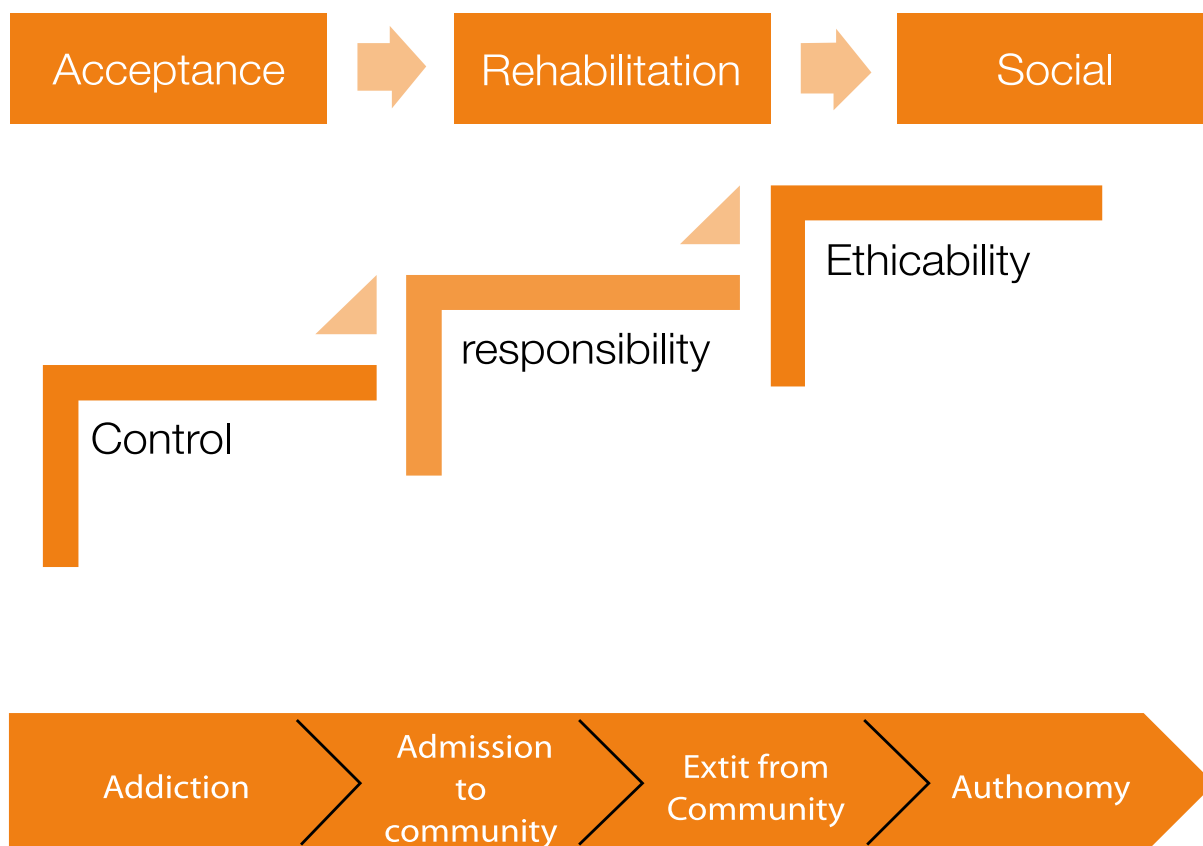
and problems will be discussed openly in the future. When users will find themselves outside the protection constituted by the behavioral cages, it would be helping to create a culture of open communication, supportive of ethical behavior.

A continuous exercise of building or re-building and maintenance of ethical space, is the decisive factor for the conquest of autonomy.

Reintegration phase uses different tools, like:

- ethical dilemma training;
- individual counselling support and / or psychological support;
- individual psychotherapy meetings and / or group;
- recreational / sports activities; and
- advice on labor issues, national, regional and municipal legislation on hygiene and health, leisure and hobbies, etc.

Scheme of CeIS intervention



Mental Health Treatment: Interventions on Dual diagnosis patients

Treatment models for psychiatric comorbidities

The rehabilitation CeIS treatment models for psychiatric comorbidities associated with addiction on psychoactive substances are three: **Serial, Parallel and Integrated Treatment**.

Serial treatment is the oldest and most common rehabilitation model. It provides for separate treatment, ie. non-simultaneous and sequential of psychiatric disorder and psychoactive substance use disorders. According to some authors the treatment of addiction to psychoactive substances should always be considered as the first stage, while the psychiatric treatment can be undertaken only when it has established a regime to abstain from psychoactive substance abuse. According to other authors it may be opened to psychiatric treatment before it happens suspending the use of psychoactive substances and early treatment of addiction. Other authors still believe that the severity of

symptoms at the time of treatment should refer to the choice of treatment priorities. This model can, however, lead to the switch of users from one service to another without that none of them is able to give an answer to their needs.

The Parallel Treatment provides the simultaneous treatment of psychiatric disorder and the use of psychoactive substances. Both the Parallel and the Serial Treatment imply the use of different programs; psychiatric care are run by clinical experts in psychiatric disorders, the treatment of addiction is implemented by clinical experts in this field, with varying degrees of cooperation and integration. Both treatments are carried out in two different locations and two multi-professional teams separated practitioners, however, the Parallel Treatment provides a greater number of clinicians involved and represents the first attempt at cooperation between the two tasks.

Integrated Treatment is an approach that combines the elements of the psychiatric disorder treatment and the use of psychoactive substances

in an integrated program, intended for patients with psychiatric comorbidity. It implies clinical experts in both sectors and a unified approach to the management of the case to follow and treat patients during the various exacerbations. Moreover, the treatment of both disorders is implemented in a single purpose-organized and a multi-professional team. Integrated Treatment is suitable for patients with acute or subacute forms of major psychiatric disorders and addictions. The presence of clinical experts in the two fields of addiction and mental health allows the implementation of the most appropriate rehabilitation treatment for the patient's needs, through individual psychotherapy, group psychotherapy and other therapeutic techniques. The significant deficiency in the level of communication, behavioral and relational are taken into account in the integrated treatment, which can be activated, also, for chronic patients on maintenance treatment with the agonists of methadone or buprenorphine opioid, to stabilize psychiatric symptoms.

Clinics and legislative implications.

The concept of dual diagnosis indicates the existence of a public services problem. The answer that public services give or try to give to this issue is linked to the specific Italian situation, where the treatment of mental illness is clearly separate from drug addiction. Therefore, psychiatric comorbidity creates problem of proper integration between the services for drug addiction on the one hand and those of mental health.

ECO service - Early intervention and treatment for children with dual diagnosis

The birth of the ECO service

Since 1990, with the Eco Service, CeIS has been working with users in dual diagnosis situation. Over time it has created a solid and experienced facility for the treatment of people who use drugs and have psychiatric disorders, with a group of specialized staff. In Eco Service CeIS has observed how some forms of psychological diseases in children represent a strong risk factor for the development of other problems, such as, for example, school failure, mood disorders or the appearance of real psychiatric syndromes.

Effective prevention

For this, early intervention with subjects at risk is the necessary element for the development of effective prevention. In particular, a factor turns out to be crucial: the search for new sensations (sensation seeking) especially when associated with certain personality

traits. For example, in the literature, deficits on learning and memory related to cannabis use are reported; as well as significant reductions in attentional capacity, even within weeks of abstinence from the substance. The deficit resulting from the use of cannabis also concern the emotional sphere with alteration in the processes implicated in the regulation of anxiety and stress with the loss of ability to experience pleasure (anhedonia). The chronic use of cannabis would expose also to a severe risk of a reduced ability to make emotions "speakable" (alexithymia), resulting in a reducing of the volume of the hippocampus and amygdala.

Dealing with teenagers facing crisis

The Eco Service was created in 1990 with the intent to welcome and treat adolescents with mental and emotional problems, intervening in the primary and secondary prevention of mental suffering and its chronicity through an early intervention model aimed both at creating a space for "teenagers experiencing crisis", and provide psycho-therapeutic solutions for users and their families.

In 2000, the service has been fully re-staffed and remodeled in the intervention model to face also a new social emergency that involved youth and adolescents, the phenomenon of "dual diagnosis" and psychiatric comorbidity.

The gradual lowering of the age of narcotic and psychotropic approach and experimentation, the expansion of contexts of use, the spread of increasingly diverse and heterogeneous substances, had in fact resulted in an alarming increase in situations of psychopathological risk which invested the adolescent population.

With the development of theoretical knowledge and experience in the field, CeIS recognized that canonical therapeutic approaches failed to adequately understand adolescent and young user needs.

The work with the Anti Drug Policy Department and the Rome Agency for Drug Addiction enabled CeIS to offer differentiated paths of treatment, through the identification, assessment and treatment of comorbidity and the early management of cases in which psychopathological disease were associated with addictive behavior.

The ECO 2 service and the consolidation of the model

The Eco Project 2 was implemented in the biennium March 2014 / March 2016.

The general objective consisted in the consolidation of the model, through a personalized and integrated

treatment aimed at preventing the Risk factors, to strengthen the protective factors and develop coping skills and resilience of the youth population ECO model.

The development of the model for the biennium has been guaranteed through a greater integration and a variety of approaches.

The added value compared to the previous trial experience has been represented by the intensification of the psycho-educational interventions for families and by the extension of prevention interventions and information within the secondary schools.

The main target of the project were users aged between 16 and 26 years. The goal was to intervene through information, prevention and treatment, where necessary, to mitigate the risk of psychological distress and / or psychopathologies connected to drug use and alcohol and to any other addiction behavior.

Engaging with the families of the at risk teenagers

The Project Eco 2 has offered the chance to further verificate and validate the intervention model and was an opportunity for taking action on those aspects that had emerged as critical in the previous experiment.

In this view, the first element of innovation consisted in deepening the intervention with families. In fact, the secondary recipients of the project were families, with the aim of supporting them in their delicate and complex task, as well as to provide them with educational tools that enable the recognition and management of crisis events and situations of conflict.

Eco 2 supported the parents and the family, through family interviews, group activities and seminars, in order to provide the families with a viable strategy for the promotion of mental health.

An intensification of interventions in schools has been designed to foster the early identification of risk of comorbidity. The healthy functioning and a teenager's psychological well-being are highly correlated, not only to the health of the family system, but also to the school context.

3. Evaluation: quality system and results

ISO9001 based guidelines

Based on the model of ISO9001, CeiS has outlined guidelines on quality management and regulations. They contain organizational strategies and a plan for the improvement of both quality and service management. The guidelines are written in relation to the problems identified: objectives, actions, responsibilities, resources, time.

The goal is to periodically assess the improvement linked to the use of guidelines in the context of professional practice, in relation to clinical conditions and prevalent and / or relevant interventions.

Annual monitoring for compliance

The goal is, also, to annually monitor the perceived quality, measuring the degree of satisfaction expressed by users as an indicator. In addition, as part of the measurement of perceived quality, CeiS sets out clear modalities for filing and handling complaints and suggestions from users and their families.

Opportunity to share dissatisfaction or malfunctioning of the program

Anyone who has the need to express his/her dissatisfaction or malfunction or a complaint with the service received, can report through specific procedures outlined in the guidelines, or by applying directly to the service manager. Alternatively, the complaint can be addressed to the head of the office, in writing via mail, fax or e-mail and the office will send it to the service concerned. The answer will be sent in writing form within 10 working days.

Professional staff

Professional staff in CeiS is mostly graduated at psychology, pedagogy, sociology; professional educators and social and health workers are also hired. In support services staff holds expertise in different sectors (administration and accounting, library, computer services, telematic and video graphics, secretariat, maintenance of buildings and gardens, kitchen, etc.).

Teacher who are seconded by the Ministry of Education also work in therapeutic communities due to the implementation of Law 162/90 which provides the use of school teachers of the in communities (and other rehabilitation centers) for drug addicts.

Girls and boys of the National Voluntary Civil Service, apply for giving their voluntary contribution of one year to CeiS. Since 2008 CeiS is also accredited to receive young people of the European Voluntary Service.

Undergraduates and graduates from schools and Universities carry out internships at CeiS. Particularly, young trainee psychologists and psychotherapists.

There are many volunteers who spend part of their free time at the facilities of CeiS, mostly adult, but also university students or currently unemployed people.

4. Areas of expertise

Main areas of intervention

In the last 20 years CeIS had developed many new services due to the fragmentation of needs and emerging issues. Currently there are three main area of intervention: Addiction, Mental Health and Social

ADDICTION interventions are carried out in the following CeIS premises:

- Accoglienza Paolo VI - Acceptance;
- Program Saint Charles - Therapeutic Community;
- Castel di Leva - Therapeutic Community;
- Centro di Accoglienza Residenziale per Minori e Giovani Adulti a Rischio Penale - Acceptance for young people;

MENTAL HEALTH interventions are carried out in the following CeIS premises:

- CT Santa Maria - Adults drug addicts with psychiatric diagnosis;
- Program Eco - Dual Diagnosis;
- Program La casa - Adolescents with psychiatric disorders;

SOCIAL interventions are carried out in the following CeIS premises:

- Project Bambino;
- Project Mentore;
- "La Comunità Risponde" - socialization for elderly people;
- Project Gulliver;
- Assistenza Domiciliare Sociale AIDS - HIV home assistance;
- Servizio Famiglia - family support service;
- Associazione Famiglia - family association;

CHAPTER 3

DIANOVA SPAIN STUDY CASE

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

- Social Inclusion
- Educational programs to prevent violence in secondary schools
- Gender equality for teachers, family and youth
- Family intervention
- Psychological assistance -Teacher training on emotional and relational learning
- Trainings for job seeking
- Soft skills development for empowerment and employability for youngster with risk of social exclusion
- Immigrants in need of protection and shelter

1.1 History of institution

The Seventies: the beginnings

In 1974 Lucien Engelmajer opened *La Boere*, in France, an alternative community open to all comers, based on the Summerhill School education model and classless management practices. Soon after that *Le Patriarche* foundation was also born. The invention of the Patriarch was based on a drug-free and substitute-free approach to withdrawal, a re-defining of social ties and the supervision of new-comers by “those who have experienced the same problem” — their peers. The Patriarch’s motto was: “help, to be helped”.

It gathered an instant success. The Patriarch brought along a concrete and efficient response while the traditional establishment still relied on repressive measures and individual, psychiatry-based treatment approaches.

The Eighties: an unprecedented expansion in Europe and the Americas

Substance abuse became a major public health issue. Healthcare responses got fully organized in most countries. Dating from 1985, hepatitis and AIDS-related concerns totally disrupted healthcare policies and mentalities.

The Patriarch opened a multitude of centers in Europe and the Americas. By the time the decade came to an end, the organization had more than 5,000 residents in 210 centers located in 17 countries.

In 1985 the AIDS pandemic broke out. By 1989 half of new residents were HIV-positive. The Patriarch managed

to provide those with AIDS or HIV-positive with an organized response based on “Health Spaces”, use of clinical trials and de-stigmatizing the condition.

The Nineties: impeding failure and takeover- the birth of Dianova

Available addictive drugs and consumption patterns became more diversified. The needs of addicts changed. Social and healthcare responses had to adjust, creating new responses with harm-reduction programs, specialized therapeutic communities, and professionalization of resources.

The Patriarch was unable to meet the new challenges of substance abuse treatment.

Critics become widespread, notably aiming at the lack of professional personnel, and unpaid labor-imposed standard.

In the organization, many deplored the distortion of the Patriarch’s original purpose — helping those suffering from substance abuse — and its growing isolation. This internal trend escalated into a protest, then an opposition movement. In February 1998, after an internal consultation by concerned Dianova personnel, Lucian Engelmajer was removed from office.

The organization began a process of drastic, fundamental overhaul: reduction of the number of facilities, delineation of a therapeutic program, professionalization of services and personnel, standardization and openness of management practices.

1998-2000: the transition. Development of a fully-shaped project for the future- first steps towards the Dianova network

Although it was initially limited to a few countries, cocaine use spread rapidly throughout most western countries, while ecstasy use, originating among “techno rave” groups in the UK and the US, expanded elsewhere, reaching out to a middle-class, professional public.

The organization adopted the corporate name, Dianova, in order to emphasize its renewal. Local organizations became separate, independent Dianova members.

The members elected a transition committee, the objectives of which were to safeguard the cohesiveness of the member organizations, to support local executive direction and develop a fully-shared plan for the future.

After a broad consultative and carefully thought-out deliberation, the basic principles of Dianova were written. Member organizations had been united by a common name, mission, values, policies and principles — acknowledged and shared by all. That was the birth of the soon to be Dianova network. By the end of 2000, Dianova members and all of their employees had been united by a contractual relationship.

Twenty-first century: services aimed at self-reliance and social progress

Multiple drug use and dual diagnosis — co-occurring mental illness and problematic drug use — increased. At the same time, the perception of addiction was changing: it included addiction to legal drugs, as well as the so-called drug-free addictions.

Dianova pursued a process of modernization and adapted its services to new trends. In December 2002, the organization hosted its first conference to promote exchanges of best practices in the field of addiction treatment.

Another stage of the organization’s development had been exemplified by the explicit recognition of Dianova’s increasing variety of services prescribed by a new mission statement. Dianova was committed not only to helping those suffering from addiction, but more broadly to helping people become self-reliant and achieve social progress.

In 2007, Dianova International had been granted Special Consultative Status to the Economic and Social Council of the United Nations, which brought about new opportunities for cooperation with other NGO’s at the local, national and international levels.

In November 2008, Dianova celebrated its 10-year anniversary in Madrid and evaluated the process of

change thus far: all Dianova facilities had been officially recognized and integrated in local networks; more than 150 local health care agreements have been signed, and all Dianova teams consisted of skilled professional and managerial personnel.

Dianova stakeholders

Asociación Dianova España is totally oriented to increase and improve the educative- therapeutic interventions with its benefit groups. Among its stakeholders there are:

- Professional staff of organization, including all workers in programs, projects, centers;
- Families of users;
- Social and educative agents;
- Individual partners;
- NGO’s working in similar environments;
- European, national, autonomies and local administrations.
- Providers and clients; and
- Universities and other educative& scientific entities.

1.2 Structure

Asociación Dianova España works at the national level, into all Spanish territory. Central services are located in Madrid. Dianova Spain operates a network of four centers offering educational and therapeutic programs for adults with substance abuse problems and adolescents with behavioral disorders. Dianova also conducts a street education and experimental education program, as well as programs for families.

Dianova España engagement at glance is summaries as follows:

- 120 Employees and collaborators
- 8 facilities
- 662 personal partners
- 7 residential centers
- 16.089 direct impact in attended people during 2015
- 64.978 indirect impact in social context during 2015

1.3 Original mission, vision and objectives.

Dianova’s Mission: the organization must develop initiatives and programs with the objective of promoting personal self-reliance and social progress.

Dianova’s Vision: the organization must cope with many social challenges such as poverty, a lack of education, violence and addictions. Dianova’s purpose is based on the conviction that, with appropriate support, each person will be able to find within him/herself the

necessary resources to achieve success in his/her person development and social integration.

Dianova's Values: the organization's ethical framework and common core values are grounded on commitment, solidarity, tolerance and internationality. These four values constitute the bedrock of the Dianova Network's principles of action.

In their specific applications these values translate into interventions dedicated to promote:

- at the individual level: mutual and self-help, self-reliance and the integration back in their communities
- at the collective level: health and quality of life by contributing to the development of people and communities and the empowerment and revaluation of the human being as a key factor of a sustainable, balanced development in the fields of economics, social progress and the environment.

1.4 Alliances and main networks

The Dianova Network

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

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

Relationships with the United Nations and international organizations

In July of 2007, Dianova was granted "Special Consultative Status" to the Economic and Social Council of the United Nations. This status was awarded on the basis of Dianova's commitment in these fields, which are three of the United Nations' principal fields of interest. It also belongs to Red Iberoamericana de ONG's y Drogodependencias/RIOD and TDM2000 International networks.

Asociación Dianova Spain has developed different collaboration relationships with universities all around Spain. During 2015 year Dianova has received 14 different certifications for its activities and institutional policies.

2. Target groups and methodology of intervention

Broader target groups to help people in need

As part of its mission, Dianova actively engages with vulnerable populations, including substance abuser, homeless people and migrants. However, beyond Dianova's direct services, the organization engages in advocacy activities to change or strengthen the policies and practices that affect them.

Dianova believes that the best way to influence these policies is to create partnerships or alliances to capitalize on the strengths of various organizations. Through its membership in various committees and platforms, Dianova also helps promote important causes while ensuring that the needs, opinions and ideas of all stakeholders are heard and understood.

In this perspective, Dianova is committed to help bring about positive changes in drug policies and reduce the stigma and discrimination that drug users and people in recovery have to face, to defend human rights, gender equality, women's empowerment, and to promote education. Lastly, this commitment can help strengthen the role of civil society in international organizations.

Mental health interventions

Processing the main causes and consequences of addictive behaviors requires long-term, comprehensive therapy. Mental health therapy is typically based on one or more theories of psychological treatment. In recent years, Dianova's programs for prevention and intervention in addictive behaviours have been developed over Evidence-based Treatments (EBT). The most recommended treatment options for this target include several therapies and models of intervention as Third Generation Techniques (Acceptance and Commitment Therapy and Mindfulness) and Cognitive-Behavioral Therapy (CBT).

Acceptance and Commitment Therapy

It is an empirically based psychological intervention that uses acceptance strategies combined in different ways with commitment and behavior-change strategies, to increase psychological flexibility. Psychological flexibility means embracing the present moment fully as a conscious human being, and based on what the situation affords, changing or persisting in behaviour in the service of chosen values.

Mindfulness

It combines the ideas of cognitive therapy with meditative practices and attitudes based on the cultivation of being aware.

Cognitive-Behavioral Therapy

Combines cognitive therapy with behavioral interventions such as exposure therapy, thought stopping, breathing techniques and Community Reinforcement Approach(CRA).

2.1 Target groups: sex, ages, other psychosocial characteristics

The main target groups of the Dianova intervention are the following:

- persons with severe addictive behaviors (especially women);
- women and kids affected by gender violence;
- young people with severity behavior disorders (including drug abuse);
- young population in high risk of addiction;
- immigrant population in humanitarian emergence; and
- immigrant people who are applying for or receiving international protection, status of statelessness, or temporary protection.

2.2 Theoretical basis of methodology

Dianova is committed to evidence-based programs and models. The following sections describe the evidence-based strategies implemented by Dianova.

Behavioral interventions

Behavioral interventions also have a fairly strong evidence base in impulse control disorders. Empirically validated behavioral treatments for impulse control disorder are fairly similar across substance use disorders, and include behavioral couples' therapy, CBT, contingency management, motivational enhancement therapy, and relapse prevention. Additionally, therapies including CBT, family therapy, and social skill training have shown positive effects on explosive aggressive behaviors

Third Generation interventions: Mindfulness and ACT

Mindfulness-based stress reduction (MBSR) is a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. The program, nonreligious and non-esoteric, is based upon

a systematic procedure to develop enhanced awareness of moment-to-moment experience of perceptible mental processes. The approach that assumes greater awareness will provide more veridical perception, reduce negative affect and improve vitality and coping. In the last two decades, a number of research reports appeared that seem to support many of these claims.

Coping with the symptoms, disability, an uncertain perspectives of chronic disease is a harrowing challenge for a significant proportion of the population. However, addressing the biopsychosocial adjustment of chronically ill individuals is an area that continues to tax the resources and limits of modern conventional medicine and one for which few professionals have adequate time or training. Programs that do exist to improve the well-being and health status of the chronically ill are often still in their infancy and typically directed toward a specific illness and limited range of symptoms. A single, relatively brief and cost effective program that can potentially be applied to a range of chronic illnesses and is able to affect a positive shift in fundamental perspectives toward health and disease should be of great interest.

Underlying this concept and approach are the following assumptions:

- 1.human beings are ordinarily largely unaware of their moment-to-moment experience, often operating in an "automatic pilot" mode;
- 2.people are capable of developing the ability to sustain attention to mental content;
- 3.the development of this ability is gradual, progressive and requires regular practice;
- 4.moment-to moment awareness of experience will provide a richer and more vital sense of life, inasmuch as experience becomes more vivid and active mindful participation replaces unconscious reactivity;
- 5.such persistent, non-evaluative observation of mental content will gradually give rise to greater veridicality of perceptions; and
- 6.because more accurate perception of one's own mental responses to external and internal stimuli is achieved, additional information is gathered that will enhance effective action in the world, and lead to a greater sense of control.

Health-related benefits derived from such claims should include enhanced emotional processing and coping regarding the effects of chronic illness and stress, improved self-efficacy and control, and a more differentiated picture of wellness in which stress and ailments play natural roles but still allow enjoyment of life as full and rich (i.e., improved quality of life including general competencies, and affective and social dimensions).

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999, 2012; Wilson & Luciano, 2002) is a contextual psychological intervention that focuses on promoting psychological flexibility, defined as the ability to be in contact with the ongoing private experiences without needing to avoid and/or escape from them and to adjust behavior according to what the situation requires in order to pursue valued ends (Hayes, Strosahl, Bunting, Twohig, & Wilson, 2004). In other words, the aim of ACT is not to change the frequency of unwanted private events, but to change their avoidance functions by teaching the person to interact with them from a perspective connected to valued or personally important actions (Luciano, Valdivia, & Ruiz, 2012). It is an empirically-based psychological intervention that uses acceptance and mindfulness strategies mixed in different ways with commitment and behavior-change strategies, to increase psychological flexibility.

ACT differs from traditional cognitive behavioral therapy (CBT) in that rather than trying to teach people to better control their thoughts, feelings, sensations, memories and other private events, ACT teaches them to “just notice,” accept, and embrace their private events, especially previously unwanted ones.

The core conception of ACT is that psychological suffering is usually caused by experiential avoidance, cognitive entanglement, and resulting psychological rigidity that leads to a failure to take needed behavioral steps in accord with core values. As a simple way to summarize the model, ACT views the core of many problems to be due to the concepts represented in the acronym, FEAR:

- Fusion with your thoughts
- Evaluation of experience
- Avoidance of your experience
- Reason-giving for your behavior

And the healthy alternative is to ACT:

- Accept your reactions and be present
- Choose a valued direction
- Take action

ACT commonly employs six core principles to help clients develop psychological flexibility:

- Cognitive defusion: Learning methods to reduce the tendency to reify thoughts, images, emotions, and memories.
- Acceptance: Allowing thoughts to come and go without struggling with them.

Contact with the present moment: Awareness of the here and now, experienced with openness, interest, and receptiveness.

- Observing the self: Accessing a transcendent sense of self, a continuity of consciousness which is unchanging.
- Values: Discovering what is most important to one's true self.
- Committed action: Setting goals according to values and carrying them out responsibly.

ACT, dialectical behavior therapy (DBT), functional analytic psychotherapy (FAP), mindfulness based cognitive therapy (MBCT) and other acceptance- and mindfulness-based approaches are commonly grouped under the name “the third wave of cognitive behavior therapy”. ACT research has suggested that many of the emotional defenses individuals use with conviction, to solve disorders, actually entangle humans into suffering.

ACT emphasizes the hopelessness of relying on ineffectual strategies to control private experience, similarly the 12step approach emphasizes the acceptance of powerlessness over addiction. Both approaches encourage a broad life-reorientation, rather than a narrow focus on the elimination of substance use, and both place great value on the long-term project of building of a meaningful life aligned with the clients' values. ACT and 12-step both encourage the pragmatic utility of cultivating a transcendent sense of self (higher power) within an unconventional, individualized spirituality. Finally, they both openly accept the paradox that acceptance is a necessary condition for change and both encourage a playful awareness of the limitations of human thinking.

2.3 Process of intervention

Stages of intervention

The Dianova intervention action plan considers different stages and phases:

- **1st stage**, based on motivational topics and modification of behaviors, including behavioral therapies and Community Reinforcement Approach (CRA)
- **2nd stage**, including cognitive behavioral therapies and Third Generation Therapies (Mindfulness and Acceptation and Compromise Therapy)
- **3rd stage**, as preparation for sustainable livelihoods in and out of treatment.

Methodology of intervention

The methodology of the complete therapeutic treatment for the rehabilitation, will cover three phases:

1. Evaluation and motivation
2. Recovery
3. Autonomy

It is important to highlight that Dianova's intervention programmes are based on a gender approach, and all their professionals respect that in their interventions.

Evaluation and motivation. The first phase concerns the first three months of treatment, and it could be considered like an emergency phase, and the most intensive part of the treatment.

Recovery will be the second step after the rehabilitation focusing on the empowerment. Recovery will last between one and six months.

Autonomy is the largest one, and will be implemented during a maximum of nine months.

The three phases have a chronological order, but any beneficiaries could start the therapeutic process in the phase of recovery or autonomy, according to his/her psychophysical situation.

Continuum of care

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

- basic necessities;
- physical health care;
- mental health care;
- legal advocacy; and
- job and life skills training with the aim of securing a self sustainability;

Aftercare services

In aftercare service delivery, providers will:

- begin with a comprehensive needs assessment;
- continually work to ensure prisoners 'safety and confidentiality;
- use informed care practices;
- provide comprehensive care management;
- provide culturally appropriate service.

Group format is highly preferred for sessions. Individual format can be used in Control of Emotions Program activities. Although the psychologist, after a previous assessment, will decide when it is recommendable to complete the group format with some individual analysis (as we told before, relational with other Intervention

programs); depending on the characteristics of each person in treatment, their own evolution and the risk that could present.

The operative definition of the programs is being developed by areas and levels, for a better assessment and evaluation of fulfillment of objectives and goals.

Into Dianova's recovery and rehabilitation program, based in Therapeutic Community methodology, it's fundamental the development of next topics for achievement of the therapeutic objectives:

AT THE BEHAVIORAL LEVEL (INDIVIDUAL APPROACH):

- Establishment of the Contract
- Cost Response
- Self-observation of impulse control arousal and Bio-Feedback
- Exposition
- Relaxation
- Affective Education
- Social skills training
 - Increased self-esteem
- Increased self-efficacy
- Development of assertiveness; and
- Stress prevention

AUTO-INSTRUCTIONS (INDIVIDUAL APPROACH):

- Establishment of Auto-instructions
- Coping skills; and
- Self-control and Emotional control

COGNITIVE LEVEL (INDIVIDUAL APPROACH):

- Attributional Training
- Cognitive Restructuring
- Troubleshooting
- Ethical Reasoning; and
- Adoption of Perspective

IN PEER-GROUPS LEVEL (GROUP APPROACH):

- Modeling Alternative Behaviors
- Pro-social; and
- Skills Development and Social Learning

RESOLUTION OF INTERPERSONAL PROBLEMS (GROUP APPROACH):

- Dispute Resolution
- Discussion of Cognitive-Social Dilemmas
- Cooperative Game
- Peer Support and Social Support
- Development of Self-efficacy in Impulsive vs Assertive Responses

- Attributional Training on social cues
- Pro-social Skills; and
- Training in Non-Impulsive Communication and Negotiation

2.4 Individual methodology: tools and technics

Multidisciplinary approach

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

Integral rehabilitation

The method of implementation of the intervention program is based on an integral rehabilitation: the focus is to improve, mental health and social integration. In fact, using ACT perspective it is possible to influence psychosocial factors of health promoting the social reintegration of residents.

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

2.5 Group methodology: tools and technics

Bio-psychosocial models

The usual group activities of Therapeutic Community model, as Assemblies and Meetings, are integrated in Dianova's recovery and rehabilitation program along with several group activities, based on bio-psychosocial model, to increase the efficacy and pertinence of the intervention. Individual intervention will be combined with group therapy. Those interventions consist of increasing healthy habits needed for an effective individual training.

Emotional management

Workshops will be based on emotional management, social skills and self-esteem through meditation (static and in movement), art therapy, cognitive therapy and organized spare time. The cornerstone of these group meetings will be to include intercultural and gender equality values in each session. Specific workshop are dedicated to Health Promotion, Relapse Prevention & Overdose Risk intervention, Motivation and Adaptation

to Community structure.

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

Mindfulness-based stress reduction (MBSR) approach

During last two decades, a group-intervention program known as mindfulness-based stress reduction (MBSR) has been proposed. This procedure has been employed among patients with a wide variety of chronic clinical elements, as well among groups of relatively healthy individuals who have hoped to improve their abilities to cope with the normal, but often significant, stresses of daily life. Preliminary reports have suggested substantial benefits for individuals suffering from chronic pain, fibromyalgia, cancer, anxiety disorders, depression and the stresses of contexts as diverse as medical school and prison life. However, many of the published studies remain critically unevaluated and may be of questionable scientific rigor or too limited in scope to confirm such claims.

MBSR is a group program that focuses upon the progressive acquisition of **mindful awareness, or mindfulness**. The construct of mindful awareness originated in earliest Buddhist documents but is neither religious nor esoteric in nature. Several Buddhist treatises detail an elaborate psychological theory of mind, in which mindfulness consistently plays a central role. Mindfulness is characterized by dispassionate, non-evaluative and sustained moment-to moment awareness of perceptible mental states and processes. This includes continuous, immediate awareness of physical sensations, perceptions, affective states, thoughts, and imagery. Mindfulness is non-deliberative: It merely implies sustained paying attention to ongoing mental content without thinking about, comparing or in other ways evaluating the ongoing mental phenomena that arise during periods of practice. Thus, mindfulness may be seen as a form of naturalistic observation, or participant-observation, in which the objects of observation are the perceptible mental phenomena that normally arise during waking consciousness.

MBSR is a structured 8 — 10 week, group program with groups usually varying between 10 and 40 participants. Groups may be either heterogeneous or

homogeneous with respect to disorders or problem areas of participants. Single weekly sessions are typically 2.5 h, and there is an additional single all-day session per course on a weekend day. Each session covers particular exercises and topics that are examined within the context of mindfulness. These include different forms of mindfulness meditation practice, mindful awareness during yoga postures, and mindfulness during stressful situations and social interactions. Because development of mindfulness is predicated upon regular and repeated practice, participants enter upon enrolling into a commitment to carry out daily 45-min homework assignments primarily in the form of meditation practice, mindful yoga and applying mindfulness to situations in everyday life.

MBSR program or applied mindfulness procedures as the central component of a group procedure to improve health related measures.

3. Evaluation results

3.1 Annual report data

2015 Data (included in 2015 Annual Report and 2015 GRI Report)

- Staff members: 120 persons (67 men and 53 women).
- Number of total attended people:
Direct beneficiaries (users in treatment): 16.089 persons. Indirect beneficiaries: 64.978 persons.
14 certifications of quality and sustainability.
16 collaboration contracts with universities.

3.2 Evaluation criteria: efficiency, visibility, social impact

Efficacy. Dianova's programs are based in assessment of processes and results, for the achievement of therapeutic objectives and goals.

Efficiency. Dianova's compromise of execution is to achieve the better balance between fulfilled results and invested resources.

Transparency. For Dianova the visibility of programs and activities is fundamental, with a specific strategy of visibility and diffusion to increase the relevance of public image from the institution.

Social impact. In Dianova's programs are fundamental the detection and correction of unexpected effects, positive or negative. Evaluation system is

developed to make decisions about what to increase, what to modify and/or what to erase in Dianova's programs.

Quality. For the optimum development of processes and results, Dianova has structured systems of control of quality, including European certificate ISO for processes and products.

Autonomy. The purpose of Dianova activities is to help people become self-reliant, in other words, capable of managing their own lives amidst the rules set out by their social and natural environment.

Integrity. The model of Dianova is characterized by a holistic, personalized and multidisciplinary approach that deals with individual and community problems as a whole, as a condition of effectiveness in any project, whatever type of project it may be.

Involvement. Service users are not passive subjects, but fully involved in the various programs or interventions, whether they are therapeutic, educational, for awareness, training, etc. They actively participate in defining the objectives for the programs and the methods utilized to achieve them.

Interdisciplinary. The programs are made up of teams of professionals with different specializations and knowledge that are complementary so that the service user's unique needs can be responded to. This concept is also applied to their external follow-up if needed (networking with other support services, social workers, doctors, social leaders, families, etc.)

Partnering and networking. It is deemed essential that every possibility offered by existing resources be considered, to enable service users to benefit from the highest quality level of intervention.

3.3 Quality systems and quality certifications

Dianova works with the following quality standards and certification:

- Implementation of ISO 9001:2008 in 2015, certification in 2016;
- Certification as Family Responsible Organization/EFR;
- Charter of Diversity Certificate;
- Muprespa Health certification; and
- 14 different certifications, from several public and private institutions and organizations.

3.4 Monitoring or evaluation system.

Every year Asociación Dianova España presents the Annual Global Report Initiative (GRI), pursuing a standard system of indicators (Efficacy, Efficiency, Sustainability, Visibility, Social Impact).

Dianova's GRI report is included in Annual Report. In order to access the 2015 Annual reports, see the link below <https://issuu.com/e-nova/docs/ld25mimp19memoria2015>

Evaluation system of Dianova is based in previously described criteria, with use of qualitative and quantitative tools for data/information collection and analysis.

4. Areas of expertise

The main areas of Expertise of Asociación Dianova España are:

- management of NGO;
- formation and training;
- job seeking orientation and entrepreneurship; and
- social intervention (addictive behaviours, immigration, gender violence)

4.1 Main areas of intervention

Education, youth, immigration and addictive behaviors are the main activity fields for Dianova. However, in order to respond to the expectations of the most affected groups throughout the world, the network has begun several initiatives aimed at other groups, especially in:

- community development;
- promotion of gender equality and women-focused development programs;
- supportive housing to homeless and low-income people;
- assistance programs for elderly/dependent persons;
- social and judicial assistance services;
- counselor training & education programs; and
- integration programs for unaccompanied migrant adolescents

Dianova grants respect to the fundamental rights, dignity and worth of all individuals. All service users should be treated sympathetically, with dignity and consideration, and be provided with support in a fashion that is appropriate to their needs and expectations.

Dianova **staff** has:

- more than ten years of experience working with youth in the context of social and educational projects;
- high degree of expertise in the management of social organizations;
- extensive knowledge of associations and how social institutions work;
- experience in implementing creative solutions to problems that arise in the daily work of youth associations; and
- knowledge of youth policies implemented in the European Union and participation in various critical analyzes developed around them.

4.2 Public recognitions and awards

Certifications & Accreditations

At the state level: Development NGO, Ministry of Foreign Affairs and Cooperation, Ministry of Health, Social Services and Equality, Employment and Social Security. ISO:9001 Quality Certificate

Regional level: Andalusia, Aragon, Canary Islands, Castilla la Mancha, the Autonomous Government of Catalonia, Extremadura, the Madrid Regional Government, Melilla, Ceuta, Murcia, Navarra, La Rioja, Valencia

At the local level: 8 municipalities and 3 provincial governments. EFR — social economy certification (Family-responsible company — FRC)

4.3 Published experiences

- Dianova Annual Report. Dianova (2015, 2014, 2013, 2012, 2011)
- Dianova GRI Annual Report. Dianova (2015, 2014, 2013, 2012, 2011)
- Infonova, professional and academic journal of addictions (2 numbers every year since 2008). PNSD & Dianova.
- Manual Dianova de Intervención temprana: Detección precoz de usos problemáticos de drogas y otras conductas adictivas en adolescentes y jóvenes. PNSD & Dianova, 2015.
- Irinovación y Calidad en centros residenciales de menores: transferencia de buenas prácticas. MSSSI& Dianova, 2014.

5. Main challenges so far and future plan

Dianova national presence and engagement

Dianova has presence in four Spanish autonomous communities (Madrid, Andalucia, and Navarra & Cataluña) with centers to shelter and foster young and adult people suffering from addictions. It also participates in different networks at national and international level. The main office is in Madrid.

Working with young people

Dianova has extensive experience in the promotion of initiatives and projects that improve the lives and future prospects of young people. The organization carries out the following activities:

- for more than five years we implemented an outpatient care program for youth who have difficulty living with their families;
- we organized tours of the Camino de Santiago for youth from vulnerable groups to improve their interaction with other people that agree on the route (pilgrims, tourists, catering, services and employees from different offices) and know the culture and art from some of the places where the journey took place; and
- during 4 years we managed the education program of Street Youth in social difficulty of Arganda del Rey (Spain). The program was focused on orientation activities, promoting multiculturalism, prevention of addictive behavior, improving coexistence and creative use of leisure time.

Strengthening social inclusion

For more than 5 years Dianova is developing programs for social inclusion, based on different issues:

- empowerment and employability;
- development of soft skills for job seeking;
- workshops to increase awareness of the importance of an autonomous life;
- workshops to facilitate immigrants the acquisition of the necessary knowledge and skills to develop a career; and
- social awareness of social inclusion and equal opportunities.

Education and opportunity for youngsters

Dianova staff has an extensive background on non-formal education with youngsters in different topics. They have developed their career on education in different institutions, gaining a high understanding of psychological impact on youth when lack of opportunities arises and great experience in the implementation of projects.

Immigrants: the emerging field of social inclusion

In 2015 Dianova started the design and implementation of an International Protection program for immigrant population (PPI). The International Protection center (CPI) Dianova Madrid is in full activity since January 2016.

5.1 Strategic plan

In May 2016, Dianova created the Strategic Plan 2016-2020, defining the strategic lines. The selected topics for the 2016-2020 timeframe are:

- Diversification: development of social projects, using strategic alliances, for increase autonomy and sustainability of institution.
- International participation: vocational activity in civil society networks, national and international forums and groups.
- Proactivity: for Dianova, social projects are not only a question of adaptation to environment. Dianova believes in the power of transforming the social context.
- Adaptability: Dianova gives effective responses to the challenges of environment,

This 2016-2020 Strategic Plan is based on the evaluation of Dianova's 2012-2015 Strategic Plan.

5.2 Proposal for futures activities

Scaling up the programs for immigrants

Asociación Dianova España is managing programs and projects since 1999. The organization has developed national and international actions and programs that actively contributed to personal autonomy and social progress by supporting the socio-economic integration of immigrants and their families facing the risk of poverty and social exclusion. The main example of these activities is Centre of Humanitarian Aid: the humanitarian aid program addressing the needs of immigrants, especially those who reach the Spanish coast and the cities of Ceuta and Melilla, responding to reasons of public, social and humanitarian concern. Dianova Spain has joined humanitarian aid policies, providing migrant's humanitarian aid in the center of Dianova in Madrid.

Specifically, in line with the legal provision mentioned above, the target of this program consists of immigrants who are vulnerable due to physical deterioration and lack of social support, family and / or economic means. They reach the Spanish coast and require immediate action.

The humanitarian reception center of Dianova in Madrid provides urgent humanitarian assistance and comprehensive reception in order to mitigate the vulnerability of immigrants, beneficiaries of the program, providing accommodation, meals and coverage in their basic needs, and providing them with social tools to facilitate their integration into the host society.

The services provided to beneficiaries are;

- temporary hostage and maintenance;
- personal and social attendance, development and inclusion in Spanish services;
- personal development program: cognitive/emotional/behavioral abilities development, personal welfare, social function recovery;
- psychological assessment and counseling;
- legal assessment and counseling; and
- training in Life and Health skills program: protective factors & behaviors (especially in addictive and sexual behaviors/HIV prevention), basic Spanish language and history/social rules, health promotion and sport activities, library.

Since 2016 Dianova has developed a program for intervention with immigrant population with drug abuse and/or mental health disorders, using recovery based strategy and rehabilitation objectives. This is the first time in which TC methodology-based institutions are involved in specific drug use programs adapted for attention to immigrant population in Spain.

Addressing new social needs

In a model of transfer of knowledge and innovation, Dianova Humanitarian Attention Program presents a way to use a methodology (biopsychosocial TC methodology for drug users) with proved efficiency for drug use recovery in other context addressing other social needs. The phenomenon of addiction is multi-faceted and multi-causal, accordingly, Dianova programs are not limited to a single intervention modality but encompass a variety of treatment approaches and components that have an evidence base supporting their efficacy. Programs are either fairly comprehensive or designed to address certain aspects of substance abuse and its consequences. They all utilize distinct modalities, depending on target populations. In addition, some service users may be referred to partner agencies, depending on which intervention modality appears to better suit their needs and expectations. Dianova intervention modalities include but are not limited to: residential drug treatment programs in therapeutic communities; outpatient programs and services; onsite interventions and community-based initiatives.

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CHAPTER 4

BASTA STUDY CASE

Basta is a Swedish user-run social enterprise started in 1994. The organization offers drug rehabilitation to those wanting to leave drug abuse, often long-term drug abuse. At Basta there are no therapists, doctors, or nurses. The tool for leaving abuse is the interlinked process of empowerment and real work. Basta is a user-run social enterprise, which means that, both in theory and in practice, power and influence over different activities rest with the people who earlier were socially excluded due to heavy drug abuse. Almost all the positions on the board and in the management team are held by people who themselves have gone through their rehabilitation at Basta. More than 95 % of the people who live and work at Basta have this background.

1. Start up and challenges

1.1 History of institution

The idea of creating a social enterprise specifically for and with people who want to end long-term drug abuse began in 1989 when Basta's founder, Alec Carlberg together with the "Swedish Association for Help and Aid to Drug Abusers" (RFHL), visited San Patrignano in Italy. Founded in 1978 by Vincenzo Muccioli, San Patrignano is famous for the quality of its workmanship, its success in rehabilitation, and that it is user-run. At San Patrignano they offer real work, nothing is something just to let time pass, and they have a strong community feeling. No one is staff, or rather everyone is staff. San Patrignano is run by the people leaving a drug abuse. This was an eye-opener for the visiting Swedish group. When the group returned home, Alec Carlberg had the idea of starting something similar in Sweden.

At that time in Sweden, an economic crisis was sweeping over the public sector, and the traditional treatment sector faced some challenges. Social services were buying fewer placements. This led to politicians looking for new, innovative, and also cheaper, solutions for the rehabilitation sector.

The support from the Swedish politicians

Concerned politicians in five municipalities in the region of Stockholm were presented with the idea that a group of former drug users could run their own rehabilitation centre as a social enterprise. The idea sounded crazy. The politicians were very reluctant at first, but after a visit to San Patrignano, they saw it was possible. They better understood how it could be done also in Sweden, moulded into the Swedish culture and system. After the

idea was anchored with politicians, the big question was about the implementation. The politicians were open for creative solutions, and during the period 1992-93 five municipalities in the south of Stockholm set aside project funding with the goal of starting Basta in 1994.

Since Basta was to be a user-run social enterprise, a start-up group needed to be formed by drug users wanting to change their lives. It became a big challenge to find a group of people that were willing to get trained for one year, on social enterprise. Through a small advertisement in the RFHL's newspaper, a few interested people were found. The municipal treatment sector also helped disseminating information among their contacts. In the end more and more people were interested, and at one point, more than 80 people were engaged in different preparation activities, though many, not secure in their drug free condition, dropped away during the process of starting Basta (Carlberg 2001).

The start up and economic sustainability

It is costly to start an enterprise. It is even more so when it is necessary to buy a big property outside Stockholm. Financing was needed. A financial model was created where the five supporting municipalities would loan 500 000 SEK (about 50 000 €) each year for five years to the non-profit association Basta. In total it was 2.5 Million SEK each year from the municipalities. This money was to be seen as a loan, a prepayment for rehabilitation placements. In order to repay the loan, Basta was to give a 50 % reduction off the regular price each time one of these five municipalities bought a placement at Basta. If the municipalities did not use this possibility within 5 years, the rest of the debt was to be written off. In fact all municipalities took advantage of this opportunity, and five years later they had all got their

financing back. The loan was paid back, and today the non-profit association Basta owns their own premises. In order for the municipalities to have a control function, since the money was public money, each of them were allowed, during the time the loan was paid back, to appoint a member of the board of Basta. Though the majority of the board was always to be made up by people from Basta (Carlberg 2007).

With a loan from the municipalities, the premises in Nykvarn was bought. Subsequently, in the autumn of 1994, five people moved into the property located one hour south of Stockholm, and Basta was born. Basta is still situated on the same property including houses, lakes, forests, and fields.

Of all people that had been part of the preparation phase, there were only five left that took theory into practice.

Basta today

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

1.2 Structure

Being a social enterprise

Basta is a user-run social enterprise, and the legal form in non-profit association, as all profit to 100 % is reinvested each year. Interesting is that in Sweden there are no special subsidies or benefits for being a social enterprise. It is an active choice on behalf of the enterprise.

The Swedish definition of work integrating social enterprise is:

An enterprise that through **enterprising activities**:

- has an overall aim to integrate people into the labour market and society;
- is a company where the power is in the hand of the co-workers through ownership, contract or a similar construction;
- where the profit is reinvested in the company or in other similar activity; and
- is a legal entity separated from the public sector.

Real and competitive business

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

A range of businesses

The ideas to the different businesses have always come from the people that come to Basta. When you first arrive to Basta you are always placed where there is the greatest need of you. Each work site is a separate profit unit, which means that they are in charge of making their budget, taking care of marketing and customers and organizing sales and supplies. The power is decentralized, which is a deliberate choice in an empowerment based organisation.

The different work sites in Basta are:

- Pallet company - where Basta renovates, buys and sells pallets
- Hotel- and conference center
- Dog hostel
- Graffiti removal
- Construction
- Carpentry
- Bed & Breakfast
- A stable - breed horses and sell horse back riding classes
- Gardening/management of parks and green areas
- Maintenance of buildings
- Kitchen
- Administration/accounting
- IT
- Rehabilitation services
- Cleaning trains (the outside surface) - contract with the region

Aiming at the top quality and economic sustainability

Basta's different business activities feed into an on-going discussion about the quality of what is produced – it is the base for a successful enterprise and for a healthy lifestyle. The acknowledgement that quality

increases well-being and leads to success needs to take place. Basta's quality production is economically necessary for the company's survival. This means that everyone at Basta knows that their work is genuinely needed for the success of the company. Nothing is done just to make time pass. In this way, the production fulfils two combined purposes: a personal quality rehabilitation mind-set, working together with crucial business profitability. The production at Basta is strongly decentralized – a deliberate rehabilitation decision.

Decentralization as tool for growth

Through a strongly decentralized organisation many people are given the opportunity to take on responsibilities and leadership, which leads to human growth and increased self-esteem. Life at Basta is not an easy way out, it requires a lot of work both physical and personal – they must overcome many fears and challenges, in addition to working a full week. At Basta professional skills are also gained. Professional skills are an objective, but they are secondary to the main objective of developing self-esteem and recapturing communication skills

Municipalities paying for the initial year at Basta

In Sweden there are 290 municipalities and it is the municipalities that are in charge of the social services, which in turn are responsible for those with drug problems in their area. The public sector, either the social services (one in each municipality in Sweden) or the Criminal Justice System pays for a one year period at the rehabilitation center.

Basta has today a preferred provider agreement with about 90 municipalities around Sweden that buy one-year placements at Basta.

The majority of people at Basta come through the social services, but there is an increasing number of people that come from the Criminal Justice System.

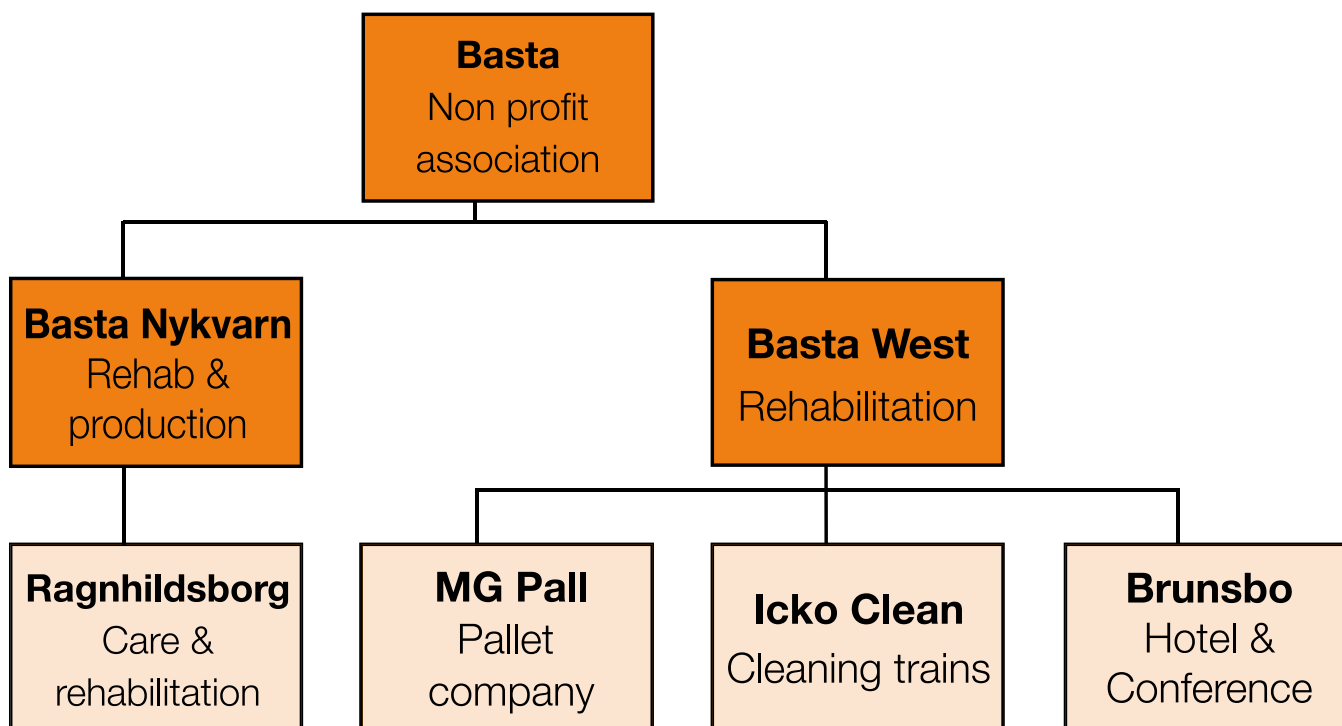
Basta also has a preferred provider contract with the Criminal Justice System, meaning Basta has fulfilled all quality criteria and is allowed to be a choice for their clients. When coming through the Criminal Justice System there are two different paths from which you can come: you are either sentenced to come (contractual care) or you stay the final time of your sentence at Basta.

Organisational structure

Basta has grown over the years and is today a group of companies. The different daughter companies and their own daughter companies in turn, are all limited companies. It is important to stress that all shares are owned by the non-profit association Basta, this means no profit or dividend can be taken out of the company. 100 % of all profits is reinvested each year in new ideas, new employment contracts, investments, further training etc.

Basta has grown organically over the years, and while the daughter company Basta Nykvarn has chosen to include all their activities into one company, the other daughter company Basta West has its own three daughter companies where the production and rehabilitation takes place.

The organizational chart of Basta



The Basta branches

Basta Non Profit Association

The non-profit association serves as a mother company and does not run any activities on its own when it comes to rehabilitation or production. The association and its staff are there to serve the other companies and to make sure the foundation of Basta and the mission of “a better life is possible” permeates all activities.

Basta in Nykvarn

Basta in Nykvarn, about 60 km south of Stockholm, was where Basta first opened its gates. The goal was then, as it is today, to rehabilitate and reintegrate people, that for a long time have been outside the labour market due to problems with drug abuse and/or criminality. The idea was that this target group would start a rehabilitation process through running a commercially successful business. More buildings and land have been bought since 1994, and Basta Nykvarn now covers almost 70 hectares of land. Here you will find production units like construction, graffiti removal, carpentry etc.

Basta Ragnhildsborg

Another addition to the Basta Group is a home for care and living. Ragnhildsborg, in Södertälje, was added

to the Basta group in 2008. Ragnhildsborg works with people with psychological illness, often in combination with drug abuse.

Basta West

Rumors of Basta's business idea of rehabilitating people through enterprise have spread. In 2003 a new facility opened in Fristad, in the west of Sweden. Basta West has gradually expanded its activities, and is today an established enterprise with rehabilitation premises in two towns, Fristad and Norsesund.

MG Pall

A pallet company that renovates, builds and sells pallets. The aim of this business is to provide training and rehabilitation through work. All profit is reinvested, as mentioned earlier, and all people working in the company are either doing their rehabilitation or have finished their first year but have decided to stay at Basta for longer. This goes for all companies within the Basta Group.

Icko Clean

This is a company that cleans trains after accidents, or in cases of graffiti vandalism. They also work with servicing cars. The aim of the business is to provide training and rehabilitation through work.

Brunsbo

The latest member of the Basta Group is Brunsbo, a hotel- and conference center in the south-west of Sweden. The hotel is used for rehabilitation and offers lots of opportunities for work training: receptionists, working in the kitchen, cleaning, laundry, etc. It is run with the same quality as any other hotel or conference center. Customers do not know it is used for work training.

1.3 Original mission, vision and objectives

Basta's mission today as it was in 1994 is *a better life is possible*.

Drug abusers are resourceful people, with knowledge and skills, who own the solution to their problems. They can, within the right framework, find their empowerment and change their lives.

Basta's ideology starts out from six corner stones; work as a tool for communication, quality, solidarity, ecology, pride of being independent, and the good example (further mentioned under point 2.2 Methodology).

1.4 Why appeared this organization as an answer to drug problems

Basta's founder Alec Carlberg visited San Patrignano in the early nineties and saw something new, a user-run rehabilitation center, where no staff was employed to take care of the others. Rather everyone was staff and everyone was taking part in running the daily work of San Patrignano. At that time in Sweden an economic crisis was sweeping over the public sector. This meant that in early 90's, when Alec Carlberg returned home after the visiting San Patrignano, the traditional treatment sector had problems since many municipalities were buying fewer placements. This led to the fact that politicians were looking for new solutions in the rehabilitation sector. Basta was a new innovative, and also cheaper solution to this challenge. A solution where people, by themselves, through an empowerment structure, took control over their own lives.

1.5 Alliances and networks

Certasf

Basta is a certified social enterprise and is a member of the Swedish trade organisation for certified social enterprises.

Skoopri

Basta is a member in the interest organisation for organisations within the social economy.

2. Target groups and methodology of intervention

2.1 Target groups: sex, ages, other psychosocial characteristics

Heavy drug users

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

Important to say is that no one can ever come to Basta against their own will, it can never be the choice of the social services, neither can it be the will of their friends or family. Coming to Basta is an active decision to leave a drug abuse and/or criminality and to start a new path in life. When you take a decision yourself, you also become responsible for this choice, which leads to a good platform for motivation.

Admission to Basta

In total there are four different ways to come to Basta; two are paid through the social services and two are paid through the Criminal Justice System. All placements are for one year and the rehabilitation structure is the same regardless if you come through the social services or through the Criminal Justice System.

You can be admitted to Basta through:

1. The social services - who pays for a rehab placement for 1 year

Each person in need of rehabilitation needs to contact his or her local social services in order to be able to go to Basta. If the person wants to come to Basta and if the social services grant this, they will buy a one-year placement. This means they will pay each day the person stays at Basta, but maximum one year. If the person leaves, which the person is free to do whenever he/she wants to, the payment stops.

2. The social services - that through the compulsory care system can change the end of the program into a placement at Basta

Another way you can come through the social services is if you have been taken into compulsory care (LVM in Swedish). Compulsory care is administered through the Swedish National Board of Institutional Care. Compulsory care under LVM can continue for a maximum of six months. During that time, the individual is detoxified and given care. As soon as possible, the person is given the opportunity to try, for example, care in a foster home or in various community-based interventions. They can then choose to go to Basta, and it is their local social services that will pay for this.

3. The Criminal Justice System - Contract treatment
- Rehab instead of prison

In Sweden you can be, if you advocate for it, sentenced to care instead of prison. Contract treatment is primarily used for long-term substance abusers where there is a clear link between the abuse and crime, and if the client realizes that he/she has a problem and be willing to undertake treatment. The crime you would have been convicted of cannot be over 2 years in prison and it is a binding agreement between the individual and the Criminal Justice System that is established by the District Court. If the person interrupts or mistreats his/hers treatment the District Court can decide that the sentence should instead be spent in prison.

It is important to say that the sentence of staying a year at Basta is an active choice by the individual. If the person wishes this to happen, he /she needs to put forward this choice to the court. Often the individual has before the trial been in contact with Basta and maybe someone from the Basta Rehabilitation team is also present in court in order to talk about what we do and what a year at Basta witholds.

4. The Criminal Justice System - where the end of your sentence can be in an open facility

An individual in prison in Sweden has the possibility at the end of his/hers sentence to ask the prison board to change this into an open facility. This is an active decision on behalf of the individual. The person can receive help from a contact person in prison who helps with looking into different options. If they are interested in what Basta offers, they contact Basta before an application is put forward to the prison board.

Basta offers one-year placements and if there are only 3 months left of your sentence, then the Criminal System will pay for three months and then the individual needs an arrangement with their home municipality since his/hers local social services will need to pay the rest of the year. Of course the individual is also free to leave after the 3 months - if leaving before the 3 months the person must return to prison.

Since Basta is a completely open facility and part of society's everyday's life, and also offer work opportunities, it is seen as a good way for community integration before being released. Many people take the opportunity to stay on, even after they are formally released. They take the chance to work at Basta, build a platform for a professional career, and create a more sustainable platform before returning home.

Absence of therapy or medicalization

At Basta there is no therapy, no nurses, or doctors. And also there is no medication. The tool for rehabilitation is the interlinked process of empowerment and work as described below.

The people that come to Basta have taken drugs for a long time, which means many of them have gone through different treatment programs and even forced care. This means they know and are aware that Basta does not offer any therapy and that is often the reason to choose Basta - you have tried that - now you want to focus forward and want to rebuild your life.

Of course you can see the psychologist or attend NA or AA meetings. Basta rehab team will coordinate with the person and arrange for a car and a driver to take you. But important is that this is often after working hours, and it is not an integral part of the rehabilitation. It is not a service Basta offers on-site.

Today as Basta has grown to also incorporate Ragnhildsborg, the spectrum of services Basta gives has grown. Basta can now also welcome people taking subutex or methadone or someone with a dual diagnosis. At Ragnhildsborg there are experienced staff that can oversee when taking medicine and giving the clients the right support.

When you come to Basta you need to be detoxed, something that can be done in an hospital, or if your social services pay a placement in a detox facility. Some people also do it themselves at home. When you arrive at Basta you need to be negative on all tests.

The rules at Basta are zero tolerance for drugs and alcohol, violence or threat of violence, and any form of discrimination.

2.2 Theoretical basis of methodology

Empowerment based model

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

Empowerment is change in stages that in the long-term strengthens the individual's self esteem and gives the individual the possibility to take decisions that lead to a better life.

Theoretical basis of empowerment

In order to be successful in his/her rehabilitation and to gain full recovery and thus also a sustainable social reintegration, the individual does not only need to be free from drugs but also strengthened in his/her ability to cope with life. In order to have this strength, the person needs to regain an often lost self-esteem.

Personal journey to recovery

Basta's rehabilitation starts out from the notion that people who come to Basta needs to begin their own personal journey so they can gain control over their lives. This is an empowerment journey. Basta's view is that it is not enough to offer just work in order to start a rehabilitation process for someone who has for decades been socially excluded. Heavy drug abuse, often linked to criminal activity, creates a feeling of low self-esteem and a constant feeling of insecurity and exclusion. Thus, Basta uses work as a therapeutic tool to start a personal development process. This work is carried out through small, organized groups, and everyone is always part of a work unit. During the eight-hour working day there is constant and informal training in communication. Help is given so that self-understanding can be developed, which teaches the ability to handle oneself and the surroundings in different situations, achieving at the same time the objective of rebuilding self-esteem and recapturing communication skills.

In the report "A better life is possible" (Carlberg 2006), Basta's founder Alec Carlberg describes the ideas behind empowerment and the thoughts behind Basta's ideology and organisation.

"The concept of empowerment should be constantly redefined and reconstructed, not just by so-called professionals but also through the actions and words of people wanting greater control over the services they receive. The authenticity of empowerment should derive from being rooted in the circumstances of those who use services, not those who deliver them.(Adam 2003)

Empowerment journeys are very complex and different for each person. Empowerment can never be given to someone- it is a personal choice. In the same situation one person might feel empowered where someone else does not. Maybe that is the complexity or even the simplicity of the Basta model that each individual uses the Basta empowerment structure the way they need to. Each person creates his/hers empowerment journey, which means that Basta rehabilitation cannot not be summarised in 3 steps to follow and then assume that the person will be empowered.

Freire and Maslow influence in the Basta model

Freire and Maslow, two empowerment theorists, heavily influence the way Basta uses empowerment.

Paolo Freire. The Brazilian educator Paolo Freire's most famous book in Sweden, "Pedagogy of the Oppressed" (Adam 2003) is about how human liberation can be achieved through the acquisition of practical and theoretical knowledge. The pedagogy leads to insight, which in turn, leads to a raised level of consciousness of the oppression that a person experiences and not least, how to come out of it. Freire means that empowerment must be captured personally and cannot be given to or taken from anyone else. Secondly, the way to empowerment is through actively testing one's way and collecting and cultivating experiences. Finally, he points out that empowerment is closely related to responsibility. Freire's experiences as an educator amongst the illiterate poor convinced him that the liberation of vulnerable people must be their own work. He rejects what he calls "helpism" as a way to liberation: "Helpism deprives people of a fundamental human necessity – responsibility." And that "Helpism does not offer responsibility, or any opportunity to make decisions, it only offers gestures and attitudes that encourage passivity".

Abraham Maslow. Another researcher, who has contributed to the understanding and conditions of empowerment processes, is the American psychologist Abraham Maslow. His theory of the Hierarchy of Needs suggests that as human beings meet basic needs such as eating, drinking, sleeping and thereby having a basic sense of security, they seek to satisfy successively higher self-realization needs. Each step in the hierarchy entails the beginning of a process that leads to greater self-esteem. This means that certain material conditions are required for the development of empowerment. At Basta all these needs are met, both regarding a secure living situation together with space for reflection and development.

Six corner stones ideology

In Basta's ideology, empowerment is based upon six cornerstones: *real work*, *quality consciousness*, *solidarity*, *ecology & health*, *the good example*, and *the pride of being independent*. When Basta started in 1994 Alec Carlberg elaborated these six corner stones that were to permeate all levels and actions at Basta. They were inspired by the work of San Patrignano combined with Alec's own thoughts. The corner stones have since then been used by people at Basta as pillars in their daily life.

1. Real work – as a tool for communication

The therapeutic tool used at Basta is work, and the tool is used to regain lost communication skills. At Basta the first key principle is to help people redevelop vital communication skills and norms of human interaction. Many of those who have been involved in drug abuse for long periods of time will have experienced homelessness, crime, and have been in and out of prison and rehab. Many ex drug users will not have communicated in a normal manner with people for years. This means that work is conducted at Basta not just as an end in itself, but rather as a means to promote communication and human interaction. It is the process of work, which is central to the rehabilitation process. Through doing real work at Basta, people start their process of regaining a lost self-esteem and building communication skills.

The catchphrase real work relates to the fact that Basta never lets people work just to pass time. Everyone is needed, and if a person does not complete the work assigned to him/her, it will not get done; the business will be at risk. If Basta goes bankrupt, people will lose their jobs, and more importantly more than 100 people will also lose their homes and their social structure.

2. Quality consciousness

Basta puts quality into every aspect of its process. Often the life of the drug abuser has been without quality in many senses. It is essential to break this cycle. Basta wants people to see that there should be quality in many aspects of daily life. In the workplace this means that Basta products must be high quality. Basta never undercuts the market on price. It is essential for the workers at Basta to know that the goods and services sold to a customer are bought due to their quality, not due to a cheap price or out of pity for those employed there.

3. Solidarity

A selfish attitude is usually an inevitable by-product of habitual drug abuse, where personal needs must be fed at the cost of all else. At Basta the thought of solidarity is a basis for its functioning. Basta uses a mentoring system whereby all new comers are assigned a mentor who they can go to with any problems or if they just feel like a chat or some company. This solidarity in an on-going process as those individuals that have been a year at Basta have the opportunity to become a mentor for other newcomers.

4. Ecology & health

Drug users are not used to taking care of their bodies. Not only do they inject harmful chemicals, but they also do not think much about what they eat, personal hygiene, or their living environment. When people arrive at Basta, the majority are in a bad physical and mental conditions. Ecology at Basta therefore means starting to think about oneself, eating healthy, exercise and taking care of personal health. With time this notion of ecology extends to starting to care for one's room, one's workplace, and then finally the global environment.

5. The benefit of the good example

Basta is a client run social enterprise. Almost all posts on the Board and in management are held by people who themselves have gone through rehabilitation at Basta. More than 90 % of the people who live and work at Basta have this background. That is how Basta justifies being a user-run social enterprise. This means that when a newcomer comes to Basta, the person can see other people that a couple of years back were in his/her position are now running a successful social enterprise.

6. The pride of being independent

The people at Basta are encouraged to take pride in independence on two levels; firstly, in an individual sense in terms of being in control of their own lives and secondly in terms of being part of Basta – an independent social enterprise.

2.3 Process of intervention

Long term commitment

In describing the rehabilitation process and thus the empowerment process that takes place at Basta, one realizes the many factors that in a complex way interact on a daily basis.

Since Basta works with empowerment, there aren't any 2-3 steps of Basta rehabilitation to follow to be empowered. The empowerment journey is highly individual, though in a group context, and each individual that comes to Basta needs to create his/her own journey. For some there are certain factors that are key for their rehabilitation and social reintegration and for some there are others. But as a whole they are all interlinked and show a complex system of what it takes to make an empowerment journey. This also mirrors the complexity of addiction.

A person comes to Basta for one-year rehabilitation, but after a long-term drug abuse he/she often need more than a year. After the first year the payment from the public sector ends (the Criminal Justice system or the social services), but you can still stay at Basta, and

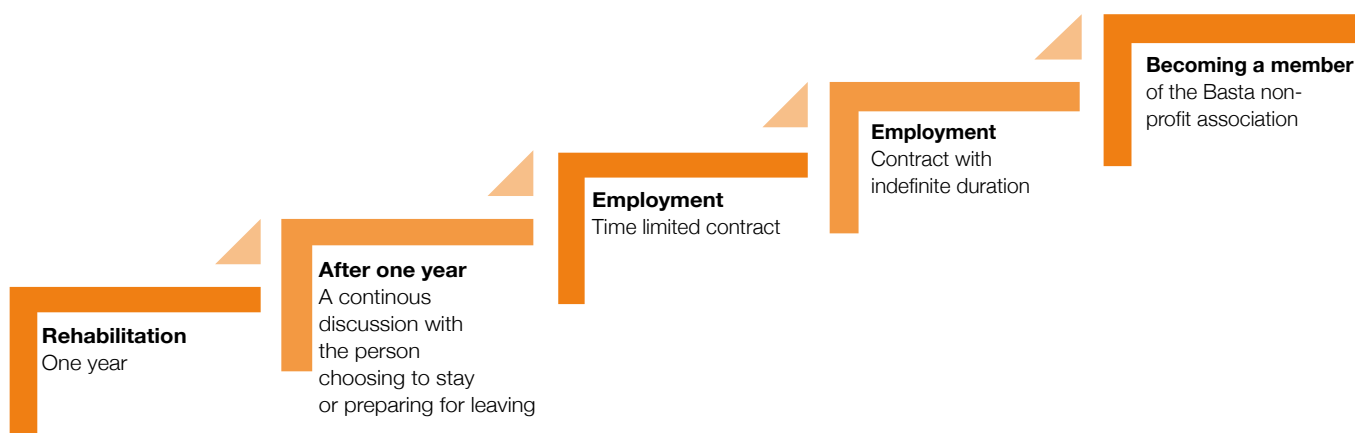
Basta will cover all your costs, and you will contribute through your work. This means that the vast majority of the people who live at Basta are not supported by the public authorities; they live off their own work and the income they make by working with the company through the sales and production of goods and services.

Rebuilding a life

Basta gives the residents the time to rebuild their life, not only to become drug free but also to get work experience, you retake a driver's license, reconnect with friends that do not take drugs, find an apartment. Some people leave Basta after a couple of years and some people choose to make Basta their career choice, just like any other company.

The model at glance: 5 milestones

Visually the process within the Basta model can be shown as below. The first step is one year but after that each step can be one year or longer depending on the person. Some leave after the first step, or the second or third, and some people stay at Basta and make a career through the social enterprise. There are few municipalities that are prepared to pay for long-term rehabilitation. Therefore Basta charges only for the first rehabilitation year and after that the public authorities' responsibility ceases. The average time a person remains at Basta is somewhere between three and four years.



1. Rehabilitation - one year

The first year at Basta is the rehabilitation year. This year is paid by either Social Services or the Criminal Justice System.

2. After one year

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

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

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

3. Employment - time limited contract:

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

4. Employment - contract indefinite duration:

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

5. Becoming a member in the non-profit association

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

Crucial factors that are interlinked and part of Basta's rehabilitation

Basta has no therapy, no time limit and no set path. Several factors within the supporting empowerment structure guarantee Basta's rehabilitation.

All factors below are part of Basta's rehabilitation and support the individual in his/her process. They have no time limit and do not occur in different steps. They are

all part of the rehabilitation from day 1, and depending on the person some factors are more important than others. Basta's corner stones serve as a foundation for all work.

Your own choice

Essential in Basta's rehabilitation is that the person come here by his/her own choice. It is not the choice of one's brother, mother, children, or the social services. It has to be a person choice. This is the starting point in Basta's rehabilitation.

The central role of work

The tool Basta uses for rehabilitation is work. Through work residents start strengthening their self-esteem, and have to start working on their communication skills. A side effect of this, but a very important side effect, as part of the individual's social reintegration, is that residents gain work experience. It is important that it is **real work**. This is not artificial/occupational work where the aim is to let time pass.

Building up a work ethic

Upon the arrival of a newcomer work site has been prepared in order to receive him/her. Most importantly is that the work site needs more staff, which means when the person arrives, he/she is needed. People will be happy to be one more in the stable, in the kitchen or in the carpentry. As mentioned earlier work is used as the tool for rehabilitation and your work at Basta becomes the framework for the rehabilitation. If a person does not get up in the morning, and nobody obliges a resident to do so against his or her will, however he or she will be missed at work, creating a problem for the colleagues who have to cover up. Basta does not lecture residents on the importance of commitment. It is the structure and the organization that motivate them to be part of it. If still the person is not feeling like engaging, then needs to find another place to continue his or her drug treatment, since Basta rehabilitation is based on work and empowerment at work site. No empowerment journey will take place in isolation.

Problem solving skills acquired through work

This way of organising the work also allows self-experienced situations and how a person can solve them. It is important that Basta does not lecture about how to do things, but that the person himself/herself becomes aware of how to deal with different situations. Empowerment is about mental processes that are often gained through practical experiences. It is a matter of awakening experiences and new insights resulting from

the individual's own testing. Taking control over one's own life takes time since it builds on insight and self-understanding and not pedagogic subordination.

Getting structure and order in the daily life

Going to work everyday, creates a daily structure, something that is important since life before often had no structure at all. New knowledge is acquired. There is continuous learning from people who teach the new comers, people that have been at the work site for a long time. Often formalized training is needed. I.e.: for working in the kitchen a course about hygiene in restaurants; for working with accounting a course in tools for analysing cash flow; for working in the construction team a course in scaffolding or working with wet rooms. These courses are paid for by Basta and are part of strengthening the person's competence. Slowly the person realizes that he/she is no longer a former drug users but thinks at him/herself as a professional, for instace a carpenter, a horse breeder, a chef. Of course the person was a carpenter from the day he/she started working in the carpentry, but the process of understanding that, often takes longer.

Building relationships

The work is carried out through small, organized groups, and everyone is always part of a work unit. It is important that no one is working alone: then no communication and thus rehabilitation takes place. During the eight-hour working day there is a constant and informal training in communication. Also the fact that Basta is user run is highly motivating. Residents are surrounded with people that has done the same journey they are now doing. People who have been severely down with drugs and in prison that are now managers responsible for big budgets and a work unit.

Acquiring self-esteem

"If you tell me ten times I did something good I will not believe you, but if you tell me I did something wrong I will never forget". This is a quote from someone who spent several years at Basta. One way to work with self-esteem is through the social enterprise. Basta sells what is produced and as stated in the corner stones, there is never any under-pricing. What is produced should have the highest quality and be priced thereafter. Residents should be proud of their work and the customer buys the products because they are good. Basta does not need to say it. In a complex way this quality aspect is then reinforced into the process on the person's self-esteem.

Organisation

In order to succeed in making people grow, a very structured organisation is needed. At Basta these are called supporting structures. In an empowerment-based organisation one has to let people take their own responsibility, make their own decisions, and to be able to work according to their own abilities. Co-workers must feel that the organisation believes in them and their possibilities. It is a system that encourages one to succeed, but does not automatically prevent one from failing.

The interaction between colleagues is also crucial in an empowerment-based organisation. Without a platform for equality, influence, participation, and collective responsibility, empowerment processes cannot take place. In many traditional treatment centres and educational systems there is a tradition of showing too much goodwill toward helping the so-called vulnerable person. Thus, the treatment process takes away the possibility for the vulnerable to mobilise more self-control; such a system creates the opposite, a framework that leaves no space for the person to grow.

Through a strong decentralized organisation many people are given the opportunity to take on responsibilities and leadership, which leads to human grown and increased self-esteem. Basta believes that everyone is a resource. And does not only say it, Basta has built a whole social enterprise around that belief. By showing it is possible, it gives a very strong rehabilitation effect. Basta only recruit and employ people who have done their rehabilitation through Basta.

Employment and making a career at Basta

Residents have the possibility to make a career at Basta, even if the final aim is to leave the organization. Each worksite has its own profit unit and residents are responsible for their budget, their staff, their costs and marketing. As a newcomer the person can work his/her way up to becoming a leader or a head of unit, or even start a whole new business unit. The person will take on more and more responsibilities. As head of unit the resident will participate in monthly meetings along with all the other heads of units and the CEO, going over the budget, the work ahead, the needs of the unit.

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

Time gives sustainability

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

2.4 Individual methodology: tools and technics

Personal engagement and commitment

The empowerment journey is highly individual, though in a group context, and each individual that comes to Basta needs to make his/her own journey. Through various stages it strengthens the individual's self-esteem and gives the person greater chances at taking responsibility and controlling decisions and events that are conclusive to the individual's life situation.

Empowerment can never be given to a person: it is a personal choice. In the same situation one person might feel empowered where someone else does not. Maybe that is the complexity or even the simplicity of the Basta model: that each individual uses the Basta empowerment structure the way he/she needs in order for him or her to create his/her own empowerment journey.

Responsibility

The methodology starts out from the notion that it is a person's own choice to come to Basta. That is a starting point on how Basta look at the individual, as capable of making decisions and also taking responsibility of those decisions. Often people in drug abuse are looked down upon as not being able to make decisions, but actually they take lots of active decisions each day in order to get their drugs and to survive. And that capability is now taken into a Basta context.

Before a new resident comes to Basta, he/she needs to take an interview that resembles very much a job interview. The questions that are asked regards previous work experience, education, exploring what a person might be good at and what are the expectations and possible contribution to Basta.

Often many people cannot describe what they are good at. But already after 3 months when it is time for a follow-up interview, as part of Basta's quality system, they can see and say what they are good at. By being in a work situation where they are needed, the

individuals start to work on their self-esteem, and the empowerment journey starts. They change the way they look at themselves.

Work and work ethics providing a structure

The work creates a structure for the individual that also serves as a tool for motivation. Nobody tells residents, but the work requires plan to be on time in the morning, otherwise the colleagues will need to do the work. They need to clean otherwise the customer might go somewhere else. This means that Basta does not need to lecture about social codes and getting up in the morning. The work creates this structure naturally.

The work also functions as a tool for communication since it forces residents to interact with others when working and planning for i.e. the next delivery. That means that no one works alone. This is essential. People need to communicate and interact with their peers to be able to develop as persons.

The newcomer is always placed in a work site where he/she is needed. In that way each person that arrives is highly needed and appreciated by the work colleagues. Also this means there is real work awaiting, not activities to do in order to let time pass.

Everyone is equal

Furthermore what is very important in the Basta empowerment structure is the encounter - meaning the situation when one meets another. When a person come to Basta for a first interview, maybe he/she is still consuming drugs and meets someone from the Basta rehabilitation team. That encounter is very important. It should be an equal encounter where no one should take the role of being an expert. In Basta's empowerment structure people should remember that the situation could be reverse and they could always be the other person. Often people have experienced un-equal encounters i. e with the authorities or with other people where they have been pushed down or being seen as incapable of taking rational decisions.

Non-judgmental approach

Also important is not to disqualify somebody's decisions. Sometimes when people want to leave Basta prematurely, they might talk about the fact they have got a job, that they have found an apartment, but when talking to the rehabilitation team they know that the person is really craving alcohol or other drugs. It is important for Basta not to disqualify this person's choice, not to tell him/her that he/she is making a bad decision. By doing so they put themselves in a "I told you so"-situation and taking the risk that if it does not work out,

the person might not even call them in fear of being scolded. Instead Basta tries to encourage the person to stay, and if the person wants to leave, they take them to the train station, letting him/her know that he/she can always call if ever has any problems. Sometimes people don't even get on the train, and actually call from the train station asking the Basta Rehab team to drive them back.

Managing free time wisely

Free time, or spare time, is, strangely, one of the biggest challenges in social reintegration. At Basta the residents are all the time surrounded by the community, by people that like them have chosen a drug free life and who share the same experience. When moving back to one's hometown, one might often find himself/herself alone, as many of one's friends of the past are still using drugs. A Basta person may have found work and an apartment, but when returning home at night, after dinner, feels a void? Often relapses take place during the lonely hours after work. In order to prepare the people at Basta for their life outside in the community, there are no scheduled free time activities. As part of the empowerment journey, people need to take responsibility for their own free time after work and during weekends.

Managing money and social activities

During the first year at Basta, money is set aside for the residents each month so that they can use it together with their mentor to go out for a movie, see a concert, or have dinner out. Also people are encouraged to mobilize themselves. If someone wants to go swimming he/she is encouraged to put up a note on the board to ask if more people want to come. Any event needs a prior planning, finding out the time or the opening hours and the costs. The rehabilitation team then arranges for a bus and a driver and also pays the entrance fee. The same goes for bowling or soccer. Sometimes yoga classes, English classes, or art classes are arranged, but it is important that there is an expressed wish for these activities, otherwise it is fun maybe one or two times and then nobody shows up.

2.5 Group methodology: tools and technics

At Basta no empowerment journey is possible without the group, the collective. In an empowerment-based organisation working with the individual is made in the collective.

Community

When a resident comes to Basta he/she is immediately part of the community. The housing facilities during the first year are always rooms with shared bathrooms and shared living rooms. There is no possibility to cook one's own food, as part of the process is also to eat together in the Basta canteen.

Never work alone

Residents never work alone, and everyone is part of a work unit. This is very important since no empowerment journey takes place home alone, or working alone, it takes place when residents need to communicate with others. The work is carried out through small, organized groups, and everyone is always part of a work unit. During the eight-hour working day there is a constant and informal training in communication.

Peer support - the good example

Also very strong in the Basta model is the peer-support. The person receives support and training in communication skills with work colleagues. Everyone at Basta shares the same experience. Residents can turn to anyone at Basta and then will understand their thoughts and fears. They can also look around them and see work leaders, head of units and board members and know that they have done the same journey that they are on.

Mentor

When a resident comes to Basta he/she is given a mentor. A mentor is somebody that has already spent a year at Basta. The mentor functions as an extra support, someone the newcomer can turn to about questions surrounding the social life at Basta, someone that can accompany him/her to dinner the first night in the Basta canteen, and someone that he/she can go to the movies with during the weekend.

3 Evaluation results

3.1 Annual data/Annual reports data

Number of people in Basta's activities:	123
Of those number of employed:	44
Turnover 2015:	5,5 Million €
Profit 2015:	200 000 €
(100 % reinvested each year)	
% of turnover derived from sales of rehabilitation placements to the social services and the Criminal Justice system:	50 %
% of turnover derived from sales of goods and services produced at Basta:	50 %

3.2 Evaluation criteria: efficiency, visibility, social impact RQS, Annual report & Socio-economic report

To evaluate the work that Basta does, Basta has to look at both economical values and the quality of the rehabilitation. Basta is using a double blended business model, which means that each decision taken in the organisation needs to make sure Basta is a sustainable social enterprise that also offers good rehabilitation. A business decision should never be detrimental to offering good rehabilitation. Basta uses the Rainbow Quality System (RQS) system to evaluate how successful the rehabilitation is, and the annual report is used to measure the economical sustainability of the enterprise. To this element the measurement of the social impact of Basta through a socioeconomic analysis can also be added.

In 2006 Basta was part of a study conducted by two economists, who looked at the value, in monetary terms, at the positive external impacts of Basta, expressed as social profit. The social profit consists of two components: the public costs that are eliminated or reduced when addicts recover and the production value created in the social enterprise. The social enterprise Basta demonstrates extraordinary large positive external impacts. Basta generates a very high social profit on the order of SEK 1 million per employee and year. From the social investment perspective, Basta is a profitable enterprise with high annual return. After five years' stay at the enterprise, the social profit may amount to as much as SEK 9 million per employee (Nilsson & Wadeskog 2006).¹

The socio-economic analysis Basta:

Numbers in SEK	Costs for Rehab	Savings Municipality	Profit Municipality percent	Cost Benefit Society	Profit Society percent
Five years at Basta	285,000	1,175,000		8,975,000	
One year at Basta	285,000	250,000		1,795,000	
Average	285,000	705,000	247 %	5,385,000	1,890 %

3.3 Standard Evaluation reports

- I. Nilsson & A. Wadeskog, *From the public perspective - a summary of reports on Socioeconomic reports for Vägen ut! kooperativen and Basta Arbetskooperativ*, Nutek, 2006
- C. Heule, *"Power, gender and identity - an evaluation on what it is like to be a woman at Basta"*, Lund University, School of Social Work, 2005

An evaluation on what it is like to be a woman at Basta, since it is a very male dominant environment with almost 80 % men. The evaluation showed it was the opposite to what one might think and that the women at Basta were seen and heard and had almost higher chances than the men of doing a career.

- C. Heule, *"Ideology, Practice & Rethoric - an evaluation on Basta's establishment in the west of Sweden"*, Lund University, School of Social Work, 2005

An evaluation on how Basta West was created.

- Meeuwisse, *Ett högriskprojekt - om missbruksrehabilitering på Basta Arbetskooperativ*, Sköndalsinstitutets skriftserie nr 18, Stockholm: Ersta Sköndal högskola, 2001

A high risk project - about rehabilitation at Basta Work Cooperative.

- F. Wijkström & J-H. Hansson, *Civilt samhälle, social ekonomi eller non-profit? Fallet Basta Arbetskooperativ. Slutrapport från ett forskningsprojekt*, Sköndalsinstitutets skriftserie nr 19), Stockholm: Ersta Sköndals högskola, 2001

Civil society, social economy or non-profit - a study of Basta Work Cooperative.

3.4 Quality systems and quality certifications

Rainbow Quality System

Basta uses the Rainbow Quality System, (RQS) which is a quality system, developed by 6 user-run organizations together with the School of Social Work at Lund University.

In RQS there are questions to be asked to the individual on a regular basis. Evidently Basta uses the data from the questionnaires in statistics but the aim of the questions is to gather information for the individual

himself/herself, so residents can later on go back and see the development they have made during their rehabilitation year.

The quality system is built around questionnaires that are used by the rehabilitation team at Basta, who all have done their rehabilitation through the Basta system.

Basta's system of RQS is based on interviews:

1. When the resident arrives

When the resident arrives at Basta he/she is asked questions regarding their current status, such as illnesses, contact with their family, and debts etc. Many questions are very practical and refer to personal identification, medical and dental care. These questions relating to today is for the residents to get an idea of their current situation and start planning, and hopefully looking back at these questions at the end of the rehabilitation they will see progress in several of these areas.

Very few questions are asked about the past. Rather the questions are positive and are focusing on today or the future, aspirations and expectations at Basta

2. After 3 months

3 months is often seen as a trial period. Often the social services agree to pay for 3 months with a clause that an evaluation will be done with the client after the first period. After the 3 months the individual understands more what Basta is and can make a better decision of whether he/she wants to stay or leave.

3. After 6 months

The person is now half way into his/her rehabilitation and since many of the questions are repetitive, the person can already start to see that he/she made contacts with his/her family and children, made a first contact with the municipality regarding his/her debts, taken tests for Hepatitis and HIV and also has been to the dentist, and got a profession.

4. After 10 months

At the end of the rehabilitation year, after about 10 months, many of the questions focus on the future:and the plans after finishing the rehabilitation. If the person wants to stay at Basta or leave, and how he or she plan to support himself or herself economically if leaving Basta. These questions are asked in order to prepare the person for his or her life ahead at Basta or elsewhere. Planning for the future is an integral part of the Basta rehabilitation. Most people that finish their year

at Basta also stay for another year or two, and that is the time that is needed in order to create a platform for successful social reintegration. Long-term drug abuse requires long-term rehabilitation.

It is important to say that the information from the questionnaires is foremost for the individual himself/herself. When residents review the data from the questionnaires they see their empowerment journey and the things they have achieved during their time at Basta. Maybe the persons have now reconnected with children and family, maybe re-taken their lost driver's license, and started with medication for hepatitis. These are all factors to show the residents that they have now started to take control over their own life.

As part of RQS there is also an annual questionnaire that goes out to everyone at Basta. This one is anonymous and relates to Basta as a whole, the environment, the work sites, the spare time etc. Furthermore there are questionnaires when someone leaves and also for those that stays for more than a year.

Once a year a **peer review meeting** is held, where all organisations using RQS meet to discuss. The organisation that hosts the meeting also need to present and account for how they uphold the quality requirements of the system. This peer evaluation system guarantees that the quality standards of the system are upheld.

Certasf

Basta is a Certified social enterprise in Sweden and is a member of the trade organisation for certified social enterprises.

3.5 Monitoring system

The monitoring system at Basta is the Rainbow Quality System that functions as monitoring - evaluation, and quality assurance system.

4. Areas of expertise

4.1 Main areas of intervention

Intervention area: Work integrating social enterprise as the tool to leave drug abuse

- Basta Nykvarn
- Basta Norsesund
- Basta Fristad

4.2 Public recognitions and awards

Since 1994 Basta has been running a successful social enterprise, run and owned by the people coming to Basta to leave drug abuse. During the years many ministers and policy makers have been to Basta to see how it is made possible. Leaving drug abuse is a complex process and many solutions are needed, Basta is not **the** solution, but **one** solution for those wanting to leave drug abuse through the running of a social enterprise.

Basta's founder, Alec Carlberg, has over the years received much official recognition for his work with Basta:

- St Erik Medal - from the city of Stockholm
 - Honorary Doctorate from the University of Lund
- Basta has also received several awards:
- Awarded by BRÅ (The Swedish National Council for Crime Prevention) in 2003, for one of Sweden's best Crime Prevention Work
 - Rotary in Nykvarn appointed Basta to "Business of the Year 2005 in Nykvarn"
 - Coompanion appointed Basta "Cooperative of the Year 2009"

4.3 Published experiences

A. Carlberg, *Framtidens företagande - om socialt företagande och entreprenörskap*, Nutek, 2007

A. Carlberg, *A better life is possible - on Empowerment and social mobilization*, Nutek, 2006

A. Carlberg, *Socialt företagande, Om den sociala ekonomins dynamic - Exemplet Basta Arbetskooperativ*, Socialstyrelsen, 2001

I. Nilsson & A. Wadeskog, *An introduction to Socioeconomic Reports*, Nutek, 2006

I. Nilsson & A. Wadeskog, *From the public perspective - a summary of reports on Socioeconomic reports for Vägen ut! kooperativen and Basta Arbetskooperativ*, Nutek, 2006

C. Heule, *Exemplet Makt, kön och identitet - en utvärdering om att vara kvinna på Basta*, Lund University, School of Social Work, 2005

C. Heule, *Ideologi, Pratik & retorik - en utvärdering om Bastas etablering i Västsverige*, Lund University, School of Social Work, 2005

C. Heule, *Exemplet FUNK - att reproducera det idéburna projektet Basta*, Lund University, School of Social Work, 2002

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F. Wijkström & J-H. Hansson, *Civilt samhälle, social ekonomi eller non-profit? Fallet Basta Arbetskooperativ. Slutrapport från ett forskningsprojekt*, Sköndalsinstitutets skriftserie nr 19), Stockholm: Ersta Sköndals högskola, 2001

5. Main challenges so far and future plan

5.1 Strategic plan

Consolidating and scaling up the social enterprise model

Basta is a social enterprise selling the goods and services that are produced at Basta. If Basta goes bankrupt not only around 100 people will lose their support structure in life, many people will also be homeless. Basta is legally a non-profit organisation with members. To ensure the values of Basta stay intact when the organisation grows and also to make sure that Basta is solid as an enterprise, the association has developed member's directives. These directives have been created to give guidance for Basta today and for the future. These member's directives are an active document, revised yearly.

5.2 Proposal for futures activities

Sustainable social enterprise

Basta's vision for the future is to be a sustainable social enterprise, with a solid platform to stand on, offering more people the possibility to leave drug abuse behind, through real work. Basta also hopes to widen the range of activities offered in order to reach more people.

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CHAPTER 5

LESSONS LEARNT FROM THE BEST PRACTICES EXCHANGE IN THE TRIPLE R PROJECT

This chapter presents an overview of the Triple R project exchange and elaborates on the similarities and differences of the partners' approaches that emerged during the project implementation

1. Description of the project exchange

1.1 Background

The Triple R project had been structured and implemented as an exchange of best practices among organizations working in the field of recovery oriented drug addiction interventions in Belgium, Italy, Spain and Sweden.

The rehabilitation model of each partner has been described in details in previous chapters of the manual, with the only exception of the Belgian drug court model. Giving the intertwined connection with the criminal justice intervention, the Belgian study case has been elaborated in a dedicated Triple R publication focused on social justice intervention, which is available separately. For those interested please visit the Triple R project website where the publication are available for download <http://www.tripler-project.eu>

The aim of the current chapter is providing an overview of the similarities and differences that emerged during the project exchange and that could be useful to professionals working in the addiction field in structuring interventions and rehabilitation programs in their country.

All the lessons learnt and the comparison presented in this chapter, have been elaborated based on the findings of the study trips and training sessions, on the feedback provided by the partners after the exchange of best practices in the form of on-line questionnaires and perfected with all partners support during the drafting of the manual.

1.2 Study visits and trainings

In 2016, under the Triple R project, 5 exchange trips took place: 3 study visits and 2 trainings. The main difference between the study trips and training is the following:

Study visits offered the opportunity to visit more realities in one country apart from the host organization and were more focused in gathering an understanding of possible options for rehabilitation and ad hoc programs.

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.

1.3 Comprehensive list of all the study trips and trainings of the Triple R project

3 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 intervention 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

2 Workshops and training labs

16th - 20th of May 2016

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

Main focus: getting to know CelS Rome intervention in the field of addiction and visiting different branches of the organisation

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.

2. Similarities of the approaches

2.1 Key core values and objectives in the rehabilitation programs

Total recovery

Recovery is the leading paradigm of the Triple R project in treating drug addiction. All the partners agreed that a successful rehabilitation program should be aiming at full recovery and social reintegration. During the project exchange a lot of thinking has been undertaken to define the concept of recovery and enriching it with the expertise of the partner.

In San Patrignano's vision, recovery as empowerment or full recovery has been identified as the ultimate achievement of the rehabilitation programs and the truly beneficiary outcome for the ex-addict, his or her family, the community and the society as a whole.

Basta sees recovery as personal journey in which people embark to build a new life and start afresh.

For Dianova and CEIS the key definition is autonomy. Dianova emphasizes the achievement of an independent way to handle life and its challenges, especially for sustainable livelihoods. CelS works toward the creation of an ethical space enabling people to make responsible choices in a coherent way and avoiding relapses.

A detailed definition of recovery is available in the annex of the manual.

Human centered program

The focus of the rehabilitation should be the person and not the drugs. The programs are offering different paths toward recovery, but each person will follow his or her own path. Although there are similarities in the addictive behaviors, each person needs an individualized

space and time to growth out of addiction. According to partners' experience, the effective program is the one who is customized to individual needs and has the necessary flexibility to answer promptly to challenges and finding the way through. The core of the program should be the person, his/her fears, and needs and not the substances that had been introduced, in the first place, as surrogates for life and feelings. Removing the drugs, the personality and the roots causes will come up, and the rehabilitation program should give the space and the tools to face them.

Care: taking care of the people.

The rehabilitation programs are essentially inspired by the model of solidarity which is common to different religious believes, and it is a crucial pillar of the Christian value. Some of the partners share the Catholic heritage, but all agree on the universal value of care for each other and being there for one another, which is the essence of cure. This concept is crystalized in a Kind of program, which is not just counseling or handling of prescriptions, it is about listening, discussing, questioning and being there for people. This could be done in many ways by different figures: professional, volunteers, councillor, peers, but it is the caring attitudes that makes the difference in motivating the people in treatment. Knowing that someone cares open up to trusting in one self and support in moving further into the recovery journey. Dianova speaks about optimal proximity into a non-confessional program, San Patrignano define it taking care of people, being there for each other.

Despite the fact that the inspiration came from a religious concept, the majority of the partners (San Patrignano, Basta and Dianova) have no religious or political affiliation and practice a not discrimination policy.

Personal development

Drug addiction undermines personal and professional growth. Drugs became the focus of each one existence, leaving no space for anything else. People in recovery, on the contrary are willing to re-engage on their healthy passions and interests, resuming school and educational programs that have been interrupted, or finding new paths and opportunities. The rekindled interests in professions, job trainings and future employment are part of the personal development that will lead to independence and self sustainability during the social reinsertion and beyond, securing a successful recovery in the long run. Therefore investing and supporting it is a crucial objective of all Triple R partners organizations.

Gratuity for the residents or clients

The rehabilitation program should be offered free of charge for the drug addicts who decide to undertake it. Generally the person entering a rehabilitation is already facing social marginalization and economical struggle related to the life style connected to addiction, to be able to pay for the services. In the case of San Patrignano, it is the community who is bearing the costs of the program. CelS is taking government contributions while Basta sells one year treatment services to municipal institutions and criminal justice system. There are different options, but all partners share the view that gratuity for the residents should be a fundamental right, as it is the access to drug treatment.

Value of the voluntary work and role of the volunteers

In the case of San Patrignano, CelS and Dianova the organizations would not have been created without the precious and fundamental role of the volunteers. The dedication, passion of energy provided by voluntary work has been feeding the motivation to move forward during the start up phase and the consolidation of the project. Working for something people believe into, the sense of solidarity and commitment, go beyond the paycheck experience and became a contagious virtuous example for those in recovery.

Social enterprises and Business incubator

San Patrignano and Basta have clearly insisted on the importance of the social entrepreneurship model to make their organization sustainable. They also believe in the role of work and job training during the program as a therapeutic tool and as a real instrument to develop a work ethic and a career to support the recovered addicts in their drug free future. Furthermore the two organizations invest in the role of the community as business incubator.

San Patrignano has created a joint program with the cooperation of Bocconi University to train mentors and professionals to help people in recovery to shape and created their own business idea. Moreover, a new format, the social franchising has been created to scale –up the famous San Patrignano pizza and provide with an opportunity to become job giver instead of job seeker.

Basta is constantly forming recovering addicts in the program so that they can make a career in one of the Basta branches or create a new business or profitable activity enlarging the portfolio of the services provided by the organization, creating new job placement and helping other fellows who want to enter the Basta

rehabilitation programs.

These study cases provide examples of the fact that recovery could be much more than a social cost, it could become also a social investment benefiting individuals and their communities.

2.2 Common way of implementation in the rehabilitation program

The commonalities among the partner approaches are more visible between San Patrignano and Basta than with Dianova Spain and CelS, having San Patrignano and Basta the same kind of model with different implementation. However, there are some elements that are recurring in the rehabilitation programs offered by Triple R partners.

Time: importance of the long -term approach

After years spent on addiction, time is needed to achieve a durable behavioral change and have a successful recovery in the medium and long run. All Triple R partners underlined the importance of time as crucial factor in consolidating the motivation and in establishing a life plan and a future without drugs. They all agree that recovery is not a quick fix and therefore investment and commitment are needed to complete the rehabilitation program and plan social reintegration. There is no unified definition of the ideal duration of the program, but it cannot be less than one year, and hopefully much longer. In some of the cases, the first year is just one of the milestone leading to recovery and although crucial cannot be intended as the end of the rehabilitation path. On the contrary it is an important achievement to build upon and an essential step toward social reintegration. Cutting the length of the rehabilitation program could lead to relapses, leaving the individuals with their unresolved issues and increasing the chances of going back to the vicious cycle of addiction and criminal activities.

Rules and routine: a structured program

All the Triple R partners implement a rehabilitation program based on a structured daily routine. People suffering from addiction are normally quite reluctant to stick on a program and are looking for the *here and now* approach. Having clear indications on how the day schedule and routine is going to be, help them in focusing and knowing what is expected from them. Furthermore, they get used to the fact that there are activities to be undertaken, job to be finished according to deadlines. They also learn that there is a time for everything and their contribution is essential for the

wellbeing of the fellow residents in the program.

Having also a set of rules, written or unwritten, is also helping in creating a moral compass and to exercise personal discretion and understanding of what is right or wrong, helping the recovering addicts to make the wisest decisions and leading them to a responsible life.

Motivation driven programs

All partners have identified motivation as a pivotal aspect of the rehabilitation path. Without the personal decision and commitment, quitting addiction became an impossible task. Recovery cannot be given to anyone, as Basta underlined repeatedly. Recovery is a journey and the recovering addict has the leadership in it. The role of program and of the mentors (in San Patrignano and Basta) is to strengthen this personal motivation, providing guidance and living example to support in facing the many challenges ahead.

In many cases the social pressure in the peer-to-peer model is also supporting this process and trigger motivation in a positive way. Experiencing success and recognition by the peers and mentors strengthen self-esteem and the desire to continue on a good path and even the determination to achieve additional goals.

Sense of Belonging

Some of the partners (SanPatrignano, CelS and Basta) highlighted the importance of the sense of belonging. In the case of San Patrignano the residents see the community as a family, in Basta they are co-workers and entrepreneurs. In Dianova, they are members of the community. CelS normally calls them users or clients. However they are all united by a common experience that is fulfilling and are proud to identify themselves as part of their community.

Role of ex-users as role model

All partners have appreciated the role of ex-users in their therapeutic model, at least in one of the phases of program or in the history of their organization. Some of them like CelS and Dianova seemed to have now turned to a more professional staff, while San Patrignano and Basta believe in the contribution of former users as mentors in the program and gradually assuming managerial positions in the organization. The unique exposure they gained graduating from the program, made them extremely precious as mentor and also as leaders in the community, having a combination of the hand on experience of the program and its challenges and the knowledge of the organization and the vision on how to move forward. Professionals are also important, in the implementation of the program but should be seen

as complementary and not fully substituting recovered addicts.

Beauty and environment

San Patrignano and CelS insisted on a particular aspect of the recovery program, which merits a further mention: the beauty of the environment. Coming from the Italian heritage, beauty is part of the national culture. Being in a pleasant landscape or living in a nice building being in a cleaned and warm home, it is lifting human spirits and contributing to heal and move further in the rehabilitation. Especially in the cases of marginalized people, incarcerated person, having experienced a lot of distress, being closed to nature in a beautiful environment will help in healing the wounds of the soul and not just in progressing in the rehabilitation path.

3. Main differences in the approaches

3.1 Peculiar elements of each approach

How the rehabilitation model had developed

All Triple R partners experienced a unique history in developing their own rehabilitation model. San Patrignano started with a bottom up approach, based on peer-to-peer support and motivated by the learning by doing spirit. Basta took inspiration from San Patrignano, learning the leading principles and chose to implement the aspects of the importance of work and the entrepreneurial flair and went ahead adapting it to the Swedish context and challenges.

CelS was born thanks to the initiative of a catholic priest who funded his program creating an innovative way influenced by both the Northern American and the European approaches, establishing a new path called The Human Project. Dianova started as peer-to-peer mutual help community and then evolved to a professional range of rehabilitation options.

Role of the residents, apprentices or patients in the rehabilitation program

San Patrignano and Basta like to call the recovering addicts in the program residents, while for CelS and Dianova they could be identified as beneficiaries. The people in the rehabilitation program are supposed to play an active role in their recovery, but this role changes significantly according to the kind of program they are into. San Patrignano and Basta would ask the apprentices to actively engage in the community life as crucial supporter of the organization while they are in recovery. Each one of them has a role in the community and it is expected to fulfill his/her task and

be an example. In time a mechanism of increasing responsibility is leading to a renew self-esteem and personal and professional growth.

In CelS and Dianova the beneficiaries are supposed to actively participate in the psychological therapy and educational interventions in order to be able to reach autonomy and prepare for a successful social reintegration.

Relations to tobacco and alcohol

Triple R partners have different approaches towards alcohol and tobacco. San Patrignano has a zero tolerance policy towards drugs and tobacco, while allowing a moderate alcohol consumption. In Italian culture wine is considered more like a food than as addictive substance. A moderate wine consumption at lunch and dinner is therefore part of the Italian lifestyle and has no relevant side effect on person conducting a healthy life. San Patrignano is teaching its residents to consider the alimental connotation of wine and allows to have half glass of wine during meals, if so desired by the resident. Furthermore the community owns 120 hectares of vineyards that are used to produce a selection of red and white wines who sell nationally and internationally, providing an important source of income to the community.

Dianova and CelS share the same vision and policy toward tobacco and alcohol. Tobacco consumption is permitted during the rehabilitation program. Alcohol on the contrary is forbidden in the first part of the program, and it is reintroduced as an issue during the reintegration phase, after a specific support is provided.

Basta also allows tobacco consumption to its residents. Within the Basta premises there is a zero tolerance policy for alcohol and drug consumption. Starting from the second year, the residents have the permission to go out from the community for leisure time, therefore, it becomes an individual choice, whether to consume or not, but the residents are requested to make a alcohol inhalator test before returning to Basta if they were out.

3.2 Differences in the rehabilitation programs

The role of therapy or the absence of it

In the rehabilitation program of CelS and Dianova psychological therapy has clear role in the recovery process.

CelS combines therapeutical and educational approaches and it is very flexible on both. At CelS therapy is tailored according to the phases of the

program. In the first phase it is acceptance oriented, helping the addict in identifying the best rehabilitation intervention and gaining control on the addiction. In the second phase, the rehabilitation per se, therapy is intended to provide tools for managing responsibilities and expectations. In the third phase therapy will be used to create and maintain ethical space overtime, actually preparing for the reintegration into society.

At Dianova behavioral therapy is used in the first stage to strengthen motivation and lead to a more durable modification of the addictive behavior. In the second stage cognitive and third generation therapies are used to achieve mindfulness and acceptance, in combination with other evidence-based therapies as Cognitive Behavioral Therapy (CBT) and Rational Emotive Therapy (RET) along with compromise therapy.

On the contrary, both San Patrignano and Basta do not use psychological therapy as a pillar of the recovery process. They both believe in a drug free approach where substitution therapy is also not used, with the only exception of rare cases (such as for example pregnancy or subjects with very problematic withdrawal). For San Patrignano substitution therapy cannot be a end in itself, but rather an initial step, just in the cases that need that, where the intention it is to gradually scaling down and achieve abstinence in the medium and long run. Basta Nykvarn offers a drug free rehabilitation, but at Basta Ragnhildsborg and sometimes at Basta West, substitution drugs can be used.

In the recovery model of San Patrignano and Basta, it is the community that plays the central role.

In San Patrignano, the environmental effect of the community is based on the mutual peer to peer support, the role of the mentors and the vocational training to foster motivation, self-esteem and to educate and empower the residents with the aim of getting them reinserted into society as active and productive members.

Basta also implements a rehabilitation program focused on collegial responsibility, where the residents play an active role, working and contributing to Basta businesses and enterprise. The Basta model is based on commitment, the role of work and empowerment. A model where people have the opportunities, if they would like to, to make a career and take on more responsibilities.

Addressing mental health problems

Another crucial differences in the rehabilitation program offered by the Triple R partner is that some of them are offering treatment for mental health problems like CelS and Dianova.

From the project experience emerged that CelS and Dianova have programs which are more focused on psychological therapy (especially on biopsychosocial model of treatment) in comparison to the other partners. This approach could be better suitable for mental pathologies, instead of the peer to peer communitarian life experiencing in San Patrignano and on the work and career oriented program at Basta.

In fact, San Patrignano and Basta does not specifically address this kind of need as part of their rehabilitation per se. In the case of San Patrignano, the community setting and the environment is not fitted to welcome such pathologies that would be best addressed elsewhere.

Anyway, it is worth to mention that, San Patrignano would not send away residents who have been misdiagnosed and further on develop signs of mental illnesses once they are in the program. For them a special support would be provided in order to complete the program if they so like. In the case of Basta, the organization is providing some specific program in the Ragnhildsborg branch, working with people with psychological illnesses connected with drug abuse.

Time structured program

Triple R Partner experiences vary significantly when it refers to the structure of the program. While they all agree on the importance of the long term and the flexibility in considering each addict case, some of them are really structured in timelines or in phases based on milestones.

In the program at CelS, the phases are very clear in terms of methodology applied and results expected. In the first phase acceptance, the main goal is to develop a motivation which will further support the second phase of rehabilitation anchored in the sense of responsibility. The third phase is oriented to the reintegration and based on the achievement of the autonomy thanks to the effective implementation of the ethical space. CelS has a structured program with milestone but it is a bit flexible in the timing of the implementation.

Dianova program is also based on three fix consecutive stages embedded on psychotherapy and goal oriented. The first phase is molded toward consolidating motivation and achieving a behavioral change. The second phase consolidates that change and moves toward the third and final stage preparing for reintegration.

San Patrignano has no predetermined timeline in the recovery program. The gradual development of life and professional skills follow an individual path. Although there are some milestones in the program, each resident

would work toward achieving them with no pressure but social support. Increasing responsibility would be acquired naturally under the monitoring of the mentor and the supervisors would consults on when it is appropriate to move to the following step, welcoming family and guests, going home on verification or starting planning for reinsertion.

The Basta model has a structure very similar to the one of San Patrignano, where the individual it is free to progress at his/her own time. In terms of timing, the first year is the same for everybody since it is the first step of the rehabilitation that it sold to public authorities. After that, the residents are free to stay as long as they want to continue the recovery journey, continuing their work and finding their own path toward social reintegration.

Scaling up of the model and replication of the centers

Partners have also different experience as institution or members of a national network (CelS), being a national chapter of an international organization (Dianova Spain) or an independent organization such as San Patrignano or Basta.

CelS Rome is a local independent chapter of the CelS family in Italy. According to local experience and need the CelS model have different declinations and the approaches might vary considerably. In CelS case being part of the same network does not lead to a unified response to addiction.

Dianova Spain belongs to an international network under the umbrella of Dianova International, covering 11 countries in Europe and the Americas. The Dianovas are unified by the same values and inspiration, but each national chapter is quite independent in carrying out its activities and in providing responses to addiction and to social needs.

Basta experience as social enterprise is very much anchored in the Swedish culture and has been successful in scaling up the model and creating new satellite branches according to emerging opportunities and capitalizing on the principle of decentralization as a tool for growth thanks to the diversification of the services provided.

San Patrignano used to have two satellite communities in the past. Over the years, due to the decision to invest more in reorienting the organization to achieve full self-sustainability and in order to offer the best possible options for the resident training and social reinsertion, the community decided to close the satellites and eventually use them for different purposes. San Patrignano has been investing in creating new tools such as the international workshop, to share its model

with professionals interested in it and being inspirational for practitioners and stakeholders in the drug policy field at the international level.

4. Common challenges and opportunities

Struggle for financial sustainability

All Triple R partners agree on the fact that financial sustainability is a common challenge across the organization. Regardless of the fact that some of them depends substantially or partially on public funds or contributions such as CelS, Dianova, selling their services to public and private sectors like Basta, or they are totally independent from public money but counts on private donation, like San Patrignano, securing the funds for running the organization and the recovery program, it presents indeed a challenge.

Economic crisis in Europe has generally decreased or cut some of the public funds allocated to addiction interventions shortening the length of the program. According to partner experience, this is a very dangerous trend, because as underlined in the manual, time plays a crucial role in the recovery journey. Cutting the program short might lead to unsuccessful recovery and reintegration, ending up fuelling a cycle of relapses and recidivism in crime.

Investing in securing that rehabilitation program has the sufficient timeframe to allow a real behavioral change and a positive reinsertion of the recovered addicts in the society as active members should be a clear priority for all the relevant stakeholder and policy makers.

Responding to different and evolving social needs also beyond addiction

One important aspect that emerged from the project implementation was the crosscutting issue of the need to respond to different and evolving social needs. New forms of social marginalization such as homeless, immigrant, aging population are the results of modern life and challenges. Triple R partners are looking into the emerging social needs as a call to further act and help those in needs and also as an opportunity to apply the know how acquired in the field of addiction to create other interventions for the benefit of society.

International commitment

Some of the partners (San Patrignano, Dianova and CelS) have an international exposure and contribute to the work of international organizations such as the United Nations and the European Commission and participate as speakers to major international conferences and events.

These outreach activities are particularly important when it comes to the opportunity to advocate for recovery and provide evidence based best practices on the positive outcome of recovery journey and how to support it nationally and internationally.

CHAPTER 6

CONCLUSIONS

This final chapter aims at capitalizing on the main points of the Triple R rehabilitation manual and in moving forward in creating a recovery model paradigm inspired by the lessons learnt during the project implementation. Thanks to the contribution of Triple R partners and their expertise in the field of rehabilitation from addiction the Triple R HERMESS model on rehabilitation would like to provide food for thought and be inspiration for professionals working in the field of addiction, policy makers and relevant stake holders.

1. The Triple R HERMESS model

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

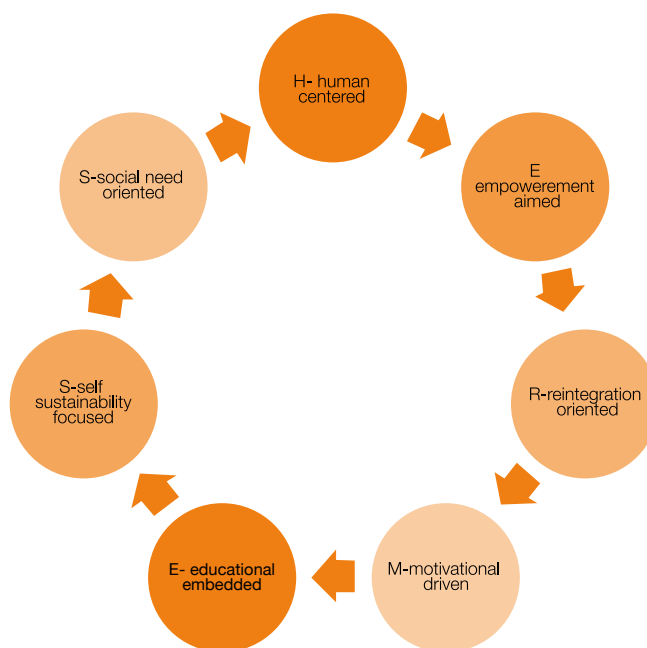
E-educational embedded

S-self sustainability focused

S-social need oriented

The key concepts of the HERMESS are elaborated further on in this chapter 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 complementary tool along with the manual in the dissemination of the project results and best practices. The video has been posted in the Triple 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 should be seen as the core center of the program and not the substance or drug of choice. 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 truly 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 lesson 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. In all the programs presented in the manual, 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. A separate publication, the Triple R handbook on social reintegration has been edited and will be launched along with the manual, providing a more complete overview of the partners expertise on the matter.

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 going facing the challenges of the rehabilitation and boosting self-esteem while an initial change is achieved. Motivation plays a role in learning about ethic 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.

2. Suggestions for practitioners: learning from practices to ameliorate current and future interventions

Based on the HERMESS Triple R model the following action oriented points for practitioners in the field of drug addiction and or social marginalization have been elaborated. They are intended to provide food for thought while planning recovery oriented rehabilitation intervention or as an inspiration to ameliorate the ones that already exist.

Human centered

- Securing that the individuals and not the substance are at the core center of the rehabilitation.
- Listening to the people, to their needs and explore together the better way to achieve recovery.
- Considering each one unique and allowing enough time for recovery, respecting different personal responses to the program.

Empowerment aimed

- Being conscious of the importance of the example and role model, from ex-users but also from professional staff dedicating time and passion to the recovery of others.
- Remembering that there are different ways to reach empowerment. So if something does not seem to work, it is possible to try a different angle or approach.
- Accepting the fact that empowerment is a personal journey, handling the frustration of not being able to influence each single step.

Reinsertion oriented

- Embracing the fact that reinsertion should not be a separate process but it is the natural continuation of the rehabilitation program.
- Planning reinsertion as ultimate goal and have follow up and reality check during the implementation of the rehabilitation.
- Supporting the conditions for reinsertion providing counseling and assistance in it, also in the cases where it is not formally part of the program. If this is not possible, refer the recovered addicts to some organizations that provide support in the reinsertion.

Motivational driven

- Assessing motivation at the beginning of the program, to have a benchmark on where to start with.
- Keeping motivation stable or even increasing during the implementation of the program, working on boosting self-esteem, the desire for a career, a family, all the positive elements that help in keeping up the good work.
- Using praising and criticism in a constructive and productive way to support motivation thanks to the results achieved and being able to even move forward by improving and overcoming personal limits and growing out of fears.

Educational embedded

- Supporting education as an integral part of the rehabilitation program.
- Matching up with local or national institutions, universities, with the Ministry of Education in order to join resources and create learning opportunities for the residents.
- Creating alliances, joining forces with the private sector to create professional trainings and certifications to be offered to the recovered addicts in relevant professions.

Self sustainability focused

- Being certified by the government and having in place agreement with the relevant national institutions for the receipt of public funds according to national or regional legislation.
- Creating a network of supporters that could contribute to the sustainability of the organization.
- Having a portfolio of services and goods that could be produced and sold for raising funds for the organization.

Social need oriented

- Exploring target populations apart from drug addicts that are currently marginalized and in need of a response.

- Considering the lessons learnt from the Triple R project and the methodologies of intervention presented.
- Assess whether some of the Triple R partners could be useful for in defining the interventions to be further implemented.

3. Suggestions for policy-makers: Supporting rehabilitation and reinsertion

Policy-makers, politicians and stakeholder share the unique challenge and opportunity to leading the policy and providing indication for the wellbeing of the national population.

Triple R appreciates and commends their interest in drug policy and especially in looking at recovery as the soon to be main paradigm in drug treatment oriented intervention.

Based on the finding of the Triple R project, some suggestions have been articulated following the HERMESS rehabilitation model, which would be useful for the policy-makers while deliberating on the recovery model.

Human centered

- Drug policy should be human centered, having the individuals, their needs as the core focus and not the substance of abuse.
- Recovery should be the leading paradigm in national drug policy legislation because it offers the best chance for the long-term well being of the former addicts, their families and communities.
- Recovery programs need time and resources to be successful. Politicians should consider how to support the implementation of recovery in practice, according to national framework and legislation.

Empowerment aimed

- Politicians should support recovery as true life empowerment. Empowering individuals thanks to successfully completed recovery programs means that the recovered addicts are no longer a burden for the society, a cost or a threat for the taxpayers.
- Triple R suggests not to compromise for half way life achieved through medicalization or harm reduction interventions as a goal in themselves, but rather to consider them instrumental to the recovery journey.
- Total recovery could be achieved and has provided positive evidence thanks for the Triple R project. Therefore national drug policy should mention recovery as leading paradigm and support the implementation of programs nationally.

Reinsertion oriented

- Reinsertion should be considered as complementary to recovery, not a separate process.
- Triple R strongly advises policy makers to consider the continuum of care from prevention, rehabilitation and social integration and to advocate for it in the relevant national meetings.
- Triple R invites policymakers to read the separate handbook on social reintegration that has been edited based on the project findings, providing additional contributions on the subject.

Motivational driven

- Triple R presents evidence on how motivation can trigger personal change and benefit both individual and community. Policy-makers have the power of leading the change.
- Politician can be inspirational supporting the recovery movement and become recovery champion, sharing their believe in recovery as tool for empowerment and development.

Educational embedded

- Triple R urges policy makers to support education as integral part of the rehabilitation program.
- Politicians should promote interaction among Ministries, National institutions, to create learning and educational opportunities for people in recovery.
- Policy makers could facilitate the creation of educational program and professional certifications for the recovered addicts.

Self sustainability focused

- Policy-makers could be supporting the organization working in recovery by allocating public funds for their activities at the grass root level.
- Politicians should recognize the important social work undertaken by not for profit organization in the field of addiction and contribute to produce an estimation of the costs saved by the government thanks to their work.

Social need oriented

- Politicians should look into other emerging social needs such as migrants, homeless and aging populations, supporting innovative solutions based on the Triple R knowledge and methodologies of intervention offered.
- Policy makers should advocate for creating the necessary legal framework to create new interventions in the field of social work addressing all form of social marginalization.

APPENDIX

DEFINITIONS ON KEY WORDS IN THE TRIPLE R PROJECT

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

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

Rehabilitation

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

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

Reinsertion/Reintegration

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

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





Triple R: Rehabilitation of
Recovery and Reinsertion