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Recovery, Rehabilitation Drug Treatment and Reintegration in the Community Programs: Good Practices Transfer into European Countries

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ABSTRACT

Background: How to increase quality and diversity of programs based in social recovery is a challenge in actual treatment networks around Europe. Transfer of validated experiences at European level is the proposal to improve this quality and evidence of treatment programs. Study was done to evaluate needs and make a proposal on implementation of these kind of social recovery programs of adult drug treatment, rehabilitation and reintegration services and transferring experiences from other European countries (Sweden, Belgium, Spain and Italy) to detect and implement possible drug services about social recovery, reintegration and rehabilitation into Croatian treatment network.

Methods: Qualitative analysis of primary data (22 interviews with selected informants/stakeholders) and quantitative analysis of secondary data (reports and memories). Interviews collected were 22. Selection of informants was done in three levels: Policy makers, practitioners/physicians and researchers/academics; relevant stakeholders in Croatian network; working in national, regional and local level; with political and/or technical participation into the network and long-term knowledge about evolution of drug problem in Croatia.

Results: It´s globally expressed decrease of "traditional" opiates drug users and increase of cannabis and new psychoactive substances/NPS users, especially in young population (culture of Rave music). Efficacy of harm reduction strategy has been very high for epidemiological and social aspects of opiates use, fundamentally in infection diseases: HIV, HC+, HB+ rates are controlled. There are several groups globally considered as "not totally attended" by the network. Fundamentally, stakeholders have identified these groups:

- Young drug users, especially non-opiates users;
- Women, especially young women, pregnant women and women with children.

Conclusions: Main conclusions are: 1) development of complete addictive behaviours treatment network, including psychosocial support and recovery programs; 2) adapted recovery programs into addictive behaviours treatment network for specific groups with special needs (legal drug users, female with children, young people using New Psychoactive Substances/NPS).

Keywords: *Biopsychosocial model; Profile/patterns; Treatment network; Recovery/Rehabilitation/Social Reintegration;*

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INTRODUCTION

Drug treatment policies and intervention practices in addictive behaviours are based in harm reduction, recovery and sustainable livelihoods [1]. International consensus is clear about the need to abroad these problems with biopsychosocial perspective [2], and any kind of intervention have to include topics as “recovery” [3] and “social support” [4] to be long-term effective [1].

In different Good practices guides and Evidence-based databases it´s possible to find European programs feasible and adaptable to other contexts [1,5]. Examples as Methadone Maintenance programs or Buprenorphine substitution treatments in different countries (as Spain, France or Belgium); Recovery oriented programs in United Kingdom, Italy and Sweden; community programs in Germany, work oriented programs as Basta in Sweden and San Patrignano in Italy; Drug court in Ghent (Belgium) and much more documented practices able to be transferred and developed with efficiency and feasibility in other European contexts [6,7].

Psychosocial support applied to addictive behaviours treatments [1] studies are sustained in three dimensions: structural, functional and contextual. Structural dimension includes topics about size of supporting network, density, reciprocity, and kindred between components (evaluation of structure is based in sociodemographic indicators, or nodes and networks analysis, among other aspect). Functional dimension is about emotional, material, instrumental aspects as real support, perceived support, feasibility and fissionability and satisfaction with support. Last, contextual dimension is interested in identifications of participants in social support, moment of support, subjective perception. Family support as primary supporting social structure is fundamental in this topic.

O’Brien & O´Brien [8] applied principles of normalization and validation of “social role” to design of services, trying to achieve “five fundamental goals”:

1. Presence in community, so these services are feasible and accessible for population.
2. Election, it means to offer the possibility to choose kind of intervention they are going to receive, allowing them to be active part in decisions about these interventions [9].
3. Competence, about experience to check new skills and active participation.
4. Respect, as a full rights citizen in any case.
5. Community participation, linked with active relations with social context members [10].

“Recovery” [3] is a concept to include into a context treatment and rehabilitation of addictive behaviours. It means not only reduce or erase use of drugs (including alcohol) [11], not by “natural recovery” [12], it means to become an active member of society [3]. Best et al. [13] define 3 concepts linked to Recovery: 1) Contagion is the capacity of influence in social context; 2) Connection is the capacity to build community and society; and 3) Homophily is a tendency of relation with people like us [13].

Granfield and Cloud [14] defined “Recovery capital” as “…. the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems” [14]. There are three phases about Recovery Capital (RECCAP): 1) Scientific assessment of strengths and weaknesses; 2) Planification of care with tasks oriented to strengths; 3) Assertive link with groups and activities oriented to Recovery.

For white and cloud

“Recovery capital constitutes the potential antidote for the problems that have long plagued recovery efforts: insufficient motivation to change AOD use, emotional distress, and pressure to use within intimate and social relationships, interpersonal conflict, and other

situations that pose risks for relapse. (…). Strategies that target family and community recovery capital can elevate long-term recovery outcomes as well as elevate the quality of life of individuals and families in long-term recovery” [15].

For these authors, there are three phases for identification of Recovery Capital (RECCAP): 1) Support screening and brief intervention (SBI) programs; 2) Assess recovery capital on an ongoing basis; and 3) Use recovery capital levels to help determine level of care placement decisions. In this sense, Best divides this “Recovery capital” in three aspects:

- Personal Recovery Capital: Skills and abilities recovered/empowered during rehabilitation process, especially emotional skills.
- Social Recovery Capital: Impact of recovery in social groups, especially family and social networks.
- Collective Recovery capital: Impact of recovery in social context, especially cost/benefit balance [16].

Actual treatment networks indications normally include harm reduction programs, TC programs and/or psychosocial integration programs. Recovery programs include peer support, empowerment, social support, active participation, not only the presence or absence of substances. Recovery programs have been identified with therapeutic communities. But however, over two-thirds of residential rehabilitation communities (recovery based treatments/RBT), commonly referred to as therapeutic communities (TCs) are based in only 6 EU member states [5].

This study was done to evaluate needs and make a proposal on implementation of social recovery programs of adult drug treatment, rehabilitation and reintegration services, transferring experiences to Croatian network from other European countries (Sweden, Belgium, Spain, Italy) to detect and implement possible drug services about social recovery, reintegration and rehabilitation; and to design and start up new projects and/ or initiatives, more effective, feasible and adapted to actual social context [6,7]. It was the research question: it seems possible and necessary to increase accessibility and efficiency of these programs into Croatian drug treatment network, so evaluation and detection process of gaps and needs assessment could be useful to identify “What to Do and How to Do”, including intervention proposals, based in previously validated experiences (documented good practices) from other European countries.

METHOD

Sample

Number of interviews collected in this study have been 22. The interviews were done by principal researcher in the study, supported by Croatian stakeholders. These interviews were done in Croatian, English, Italian and Spanish. Multiple types of data were collected during interviews, including audiotapes of the participants, notes taken by the moderator and assistant moderator, and items recalled by the moderator.

A more general way of thinking about theoretical sampling in qualitative research is that selection is made on the basis of relevance for your theory, in order to produce a sample that will enable you to develop the theoretical ideas that will be emerging in an iterative process between your theory and your data, and to enable you to test these emerging ideas. This emerging sample will be both theoretical and purposive, selecting exemplary cases for the needs of your study [17]. Selection of informants was done in three levels: Policy makers, practitioners/physicians and researchers/academics (Table 1). To identify relevant informants, they were included different categories for this election:

- Relevant stakeholders in Croatian network

- Working in national, regional and local level
- With political and/or technical participation into the network
- With long-term knowledge about the evolution of drug social problem in Croatia

Levels	Organizations
Policy makers	Office for combating drugs abuse, Ministry of health, Ministry of justice, Croatian employment bureau & office of the Eu parliament representative Ivan Jakovčić.
Practitioners/physicians	NGO help - udruga za pomoć mladima, Therapeutic community Reto Centar - prijatelji nade, NGO UZPIRO, Red Cross branch of city of Pula, Clinical hospital center sisters of mercy, Center for social care Zagreb & NGO TERRA Rijeka.
Researchers/academics	Faculty of education and rehabilitation in Zagreb University & Education institute for public health of the Split-Dalmatia County.

Table 1: Selection of informants.

Procedure: Keywords and categories

This study was included into second phase of HOME/2014/JDRU/AG/DRUG/7092 "Triple R: Rehabilitation for recovery and reinsertion project". Triple R was one European project with 6 addiction treatment organizations from different European countries (Sweden, Italy, Spain, Belgium, Norway and Croatia) brought together to enhance the capacity for the provision of diverse and effective treatment services [6,7]. The project was constructed along three main thematic pillars: Rehabilitation/recovery, social reintegration & justice interventions and alternative measures.

In the study, it has been managed fundamentally qualitative analysis of primary data, with quantitative analysis of secondary data (reports and memories). For compilation of information, mainly it has been used a half-structured interview. A major characteristic of qualitative research then is that it is theoretically driven, and this also applies to the construction and selection of the sample in a qualitative interview study.

To make the analysis of concepts and categories we made a previous selection of these categories, in order to manage the information and structure the results. These categories are consequence of expert group's conclusions. Expert groups were developed into 1st phase of Triple R [6,7].

Keywords: Recovery, Rehabilitation, Social integration, Types of drugs, Social structure, Education, Specific groups, Legal system, Probation, Drug treatment, Harm reduction, Substitution treatment, Network, Profile, Patterns, Health, Social services, Employment, and NGO.

For analysis, these keywords have been integrated in several categories, using the concepts and schemes collected into "Manual on rehabilitation and recovery of drug users" [6] and "Handbook on social reintegration of recovered drug users" [7]:

- Category profile/patterns: Types of drugs, social structure, education, and specific groups.
- Category treatment network: Drug treatment, harm reduction, substitution treatment, health, social services, employment and NGO.

- Category Recovery/Rehabilitation/Social Reintegration: Recovery, rehabilitation, social integration, legal system, and probation.

Questions done in interviews related to these categories (Annexure 1).

Instruments

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

Selection of stakeholders have been done in different levels and sectors about addictive behaviours to increase valid information. Also, in ATLAS.ti analysis has been only used information commonly accepted by stakeholders. Categories, as it has been said before, were previously defined to avoid personal limitations in analysis of information (Figure 1).

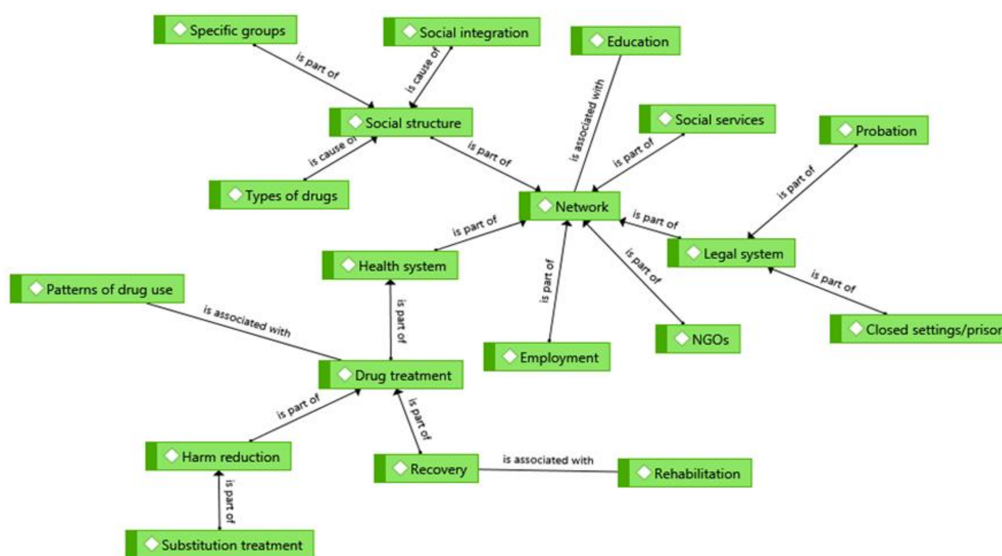

Figure 1: Categories network.

RESULTS

This part of the study has been done by categories, to make easier their identification and connection with quotes directly extracted from the compiled interviews.

Category Profile/patterns: Types of drugs, social structure, education, and specific groups

In interviews, it´s globally expressed the decrease of "traditional" opiates drug users and the increase of cannabis and New Psychoactive Substances/NPS users, especially in young population (culture of Rave Music). So, it was considered Croatian drug problem in two different profiles of drug users:

1. Polytoxicomania/polydrug users, especially opiates and opium derivate.

2. NPS users (fundamentally THC + smart drugs; legal highs).

“According to the trends, opiates are not so much big problem, but there are increasing NPS users and polydrug users. Even, therapeutic communities and treatment programs still have as main client heroin users.”

Actual drug users in Croatian health system are mainly male drug users, adult people. The decrease of heroin users is linked in the interviews with the spreading of substitution treatments in Croatian health services, into a national strategy of harm reduction of drug use. Main maintenance programs are methadone and buprenorphine, in an almost equal average of use.

“It´s like two different worlds in Croatia: Zagreb is specific, because everything is accessible, is the capital and there are another roles and possibilities in social care. The rural areas and the island are more difficult to be included in principle of equivalence, it´s more difficult to offer every kind of treatment programs in rural areas”.

Efficacy of this harm reduction strategy has been very high for epidemiological and social aspects of heroin use, fundamentally in infection diseases: HIV, HC+, HB+ rates are controlled. There are two emergent problems in addictive behaviours profiles and social structure in Croatia:

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

“In last 5-6 years we know there are a lot of new psychoactive substances users and it´s difficult to determinate the area of influence because it´s new and it´s also difficult because policies are done for other formulas and if you change one component you have to include the new chemical in the list. So, we have an increasing problem in Croatia with NPS users. The other problem is that we have substitution programs for former opiates users but most of them have got also psychiatric problems. These are main problems, because we have the substitution programs, but we need psychosocial treatments and other treatments for practitioners.”

Category Treatment network: Drug treatment, harm reduction, substitution treatment, health, social services, employment and NGOs

Main strategy in Croatia for drug treatment, especially in Health services, is harm reduction. Treatment network involved collaboration between different ministries: Justice or health to increase the efficiency and social impact. A general consideration is this network is very well structured and managed for opiates problem in Croatia, but Network is not enough for drug problems in Croatian population. It is very extended the use of buprenorphine and methadone in drug users’ population.

“Health system in Croatia has got integrated different trends of addiction. They are not separated by alcohol, opiates, gambler or whatever. It´s not important what kind of substance, you are going to receive the same approach.”

Global cooperation between Health system and NGOs in drug problems network is based mostly in maintenance programs/substitution treatments. With other alternatives for treatment, especially Recovery-based programs, therapeutic communities/TCs were most popular kind of rehabilitation alternative in 20th century. Problems with these communities had got relation with the qualification and certification of centers and staff: it was very usual to find treatment centers managed by former

drug users, with no professional staff, without structured programs and avoiding any kind of evaluation system. In 2007, government of Croatia (Office for combating drug abuse) purposed several technical and professional standards for NGOs in TCs, because of these problems with some non- professional TCs.

“Being totally honest, we are not a therapeutic community based in religion; we are a church that help people in their rehabilitation”.

In this research, we have received the information about Recovery-based programs next steps in Croatian social and health context. There is a recognized problem with the alternatives to opiates treatment and the new patterns of drug use. Since year 2014, there are published several guidelines for psychosocial intervention, including orientations about case management and contingency management/contingence reinforcement approach (CRA).

There is one clearly recognized lack in Croatian intervention system: it´s commonly expressed the need of motivation programs for drug users and specific training in motivational topics for technical and administration staff. Government office for combating drug abuse informs that there have been many trainings for all stakeholders who participate in the implementation of the program of demand reduction, including two sets of trainings for workers and assistants in therapeutic communities.

Category recovery/rehabilitation/social reintegration: Recovery, rehabilitation or social integration

In opinion of stakeholders, Croatian health system is considered suitable, especially for application of European best practices/EBP guidelines. These health services for drug users are based in a combination of Pharmacotherapy + Psychotherapy.

“We are trying to standardize know how in treatments, in harm reduction and therapeutic communities. In Croatia is very important that the care is based in standards for different kind of interventions”.

Health system therapy intervention is also based in individual approach (Long-term cognitive behavioural therapy 17-34 weeks of treatment) that includes relapse prevention, so for other kind of services as psychosocial support, self-help groups, peer-support groups (social support programs), supporting programs, intervention with minorities possible beneficiaries look for help in NGOs (as San Patrignano, Institute Pula or Stijena).

“(Public health care center) they don´t do the treatment for the drug addicts but they do the networking with NGOs and offer the ways to connect people with these NGOs. So, center is taking care about the rights of all the people attended and the drug addicts' specific social rights, but they don´t work the treatment, they do the counselling”.

There are several groups globally considered as “not totally attended” by the network. Fundamentally, stakeholders have identified into these groups:

- Young drug users, especially non-opiates users;
- Women, especially young women, pregnant women and women with children.

In Croatia, actual biggest problem in addictive population is young people binge drinking. In Health system, the bigger problem is combination of alcohol and drugs. So, what we consider drug user is young male user of alcohol and drugs, even there are areas with problematic female use of alcohol and drugs”

DISCUSSION

Main goal of needs assessment study was to make proposals of European level validated programs, especially based in recovery and social support topics, to be integrated into Croatian network. Discussion has been done by categories, to make easier their identification and integration in treatment network.

Category treatment network: Drug treatment, harm reduction, substitution treatment, health, social services, employment, and NGO

It was suggested a proposal to include the concept “integral treatment” as substitute of “medical treatment” in Croatian law about drug intervention in closed settings. Right now, only defined treatment is medical treatment, in despite of detected needs about psychotherapy, psychosocial support, social reintegration, cognitive behavioral relapse prevention.

Another expressed proposal was one protocol of transfer from PMM to recovery based programs: it´s commonly accepted efficacy of harm reduction for decreasing of infections and overdoses risk; it´s globally considered the need of a circuit in intervention that allows drug users in maintenance programs to participate in psychosocial support, social integration programs and/or rehabilitation treatment if they decide to modify their life situation. This protocol has been highly recommended as a tool with temporally frameworks, wide open timetables with objectives and structured methodology.

Also, it has been purposed aftercare services for recovery based programs: to avoid relapse after community treatment, seems to be necessary an aftercare service, based in peer-to-peer support, sustainable livelihoods, social integration and job-seeking objectives. It has been also expressed in the interviews (from public agents and NGOs representatives) the need of funds and grants for NGOs if there exists the compromise to cover this proposal.

Category profile/patterns: Types of drugs, social structure, education and specific groups

NPS social health program early intervention, include in this research, it has been received information about Recovery-based programs next steps in Croatian social and health context. There is a recognized problem with the alternatives to opiates treatment and the new patterns of drug use. Since year 2014, there are published several guidelines for psychosocial intervention, including orientations about case management and contingency management/contingence reinforcement approach (CRA), combined with a therapeutic perspective more based in peer support, empowerment, life skills, behavioral modification and personal training (Recovery based programs).

Seems also necessary early intervention programs for young people with problems related with binge drinking & use of drugs, using experiences as Iceland evidences [18].

- Category recovery/rehabilitation/social reintegration: Recovery, rehabilitation, social integration, legal system, and probation.
- Residential services/recovery based programs for young drug users: it´s possible and detected to create and develop two different kind of facilities for young drug users:
- Recovery based programs for opiates users, even when main use are buprenorphine and methadone, that includes pharmacotherapy, social support and motivational interview;
- Residential treatment for binge drugs & alcohol users, especially female population; more based in peer and social support, empowerment and psychosocial intervention.

- Residential services/facilities for pregnant women & women with children, with a therapeutic perspective more based in social support, empowerment, life skills, training in personal and social abilities and job-seeking (Recovery based programs).
- Psychosocial treatment program for children of drugs users, especially women, in cases it´s not possible to access to a residential service, with social recovery and peer-to-peer support methodology.
- Programs of Autonomy for drug users in treatment, especially focused in social recovery, social support, life skills and job seeking. The objectives of these programs are oriented to develop sustainable livelihoods for Croatian drug users in final moment of treatment or immediately after treatment.
- Family training, "parental competences" or other programs based in family skills and abilities, including sessions for families based in social support and tasks-oriented methodology.
- Aftercare services (for recovery based programs): Occupational therapy, social support and working counselling programs for drug users. It has been expressed in the interviews the need of funds and grants for NGOs if there exists the compromise to cover this proposal.
- Collaboration protocol with NGOs: Into the interviews one common idea was the need to manage actual information about the situation of NGOs in all parts of the intervention process. Especially in probation system was defined as a basic need the perspective of manage actual information about situation of NGOs, topics of intervention, active programs and proposal for collaboration with probation system.
- Autonomy programs for former drug users, especially focused in peer-to-peer support, social recovery and recovery capital, life skills and relapse prevention.

CONCLUSION

The development of a complete treatment network for addictive behaviours has to include harm reduction programs (as buprenorphine and methadone maintenance programs) and recovery programs (as social recovery, peer-to-peer support programs, psychosocial support programs and therapeutic communities), based on evidence and previously validated. This perspective is coincident with indications of United Nations office of drugs and crime in quality standards for drug dependence treatment and care services [1]. In experience, the transfer of programs from other European countries (as Spain, Italy, Belgium or Sweden) can improve the quality of services and standards of care [6,7].

Into this complete treatment network, general opinion of stakeholders is they have to be included recovery oriented and psychosocial support integrated programs, with participative action approach, biopsychosocial perspective and social support & recovery capital programs, in treatment, social reintegration and relapse prevention [16]. This way, we will not be only talking about "drug dependence programs" and we would talk about "psychosocial support and reintegration programs", changing the focus from the substance to the social context. Because goal of recovery is to return active members to society. It´s not only about use or absence of substances, it is about creation of protective environments. It is about social participation, social support and collective action. European cities as Ghent, Stokholm, Goteborg, Glasgow and Berlin are including different perspectives about this social perspective of recovery [13]. In Croatia, inclusion of social support and recovery oriented programs can solve the lack of psychosocial support for people with problems with addictive behaviours people detected during the study.

The identification of stakeholders from different stages, agencies and organizations (including the experience of drug users in different severities of addictive behaviours) allows to have a global perception and perspective about drug problems and solutions in Croatian reality (and with similar experience, in other European countries).

Recovery programs have to be integrated into treatment network, in coordination with other kind of intervention (as harm reduction) and capacity to motivate, rehabilitate and integrate in society people, as to prevent addictive behaviours with alternatives lifestyles. Maybe one day we will talk more about "recovery cities", "social support" or prevention programs reducing use of behavioural disorders, alcohol, tobacco and illegal substances using participative action strategies, same as about illegal substances and brain damage of drug users.

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CONFLICT OF INTEREST

The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

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