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*"Recovery programs adaptation to especial  
vulnerability patterns of addictive  
behaviours"*

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Drug treatment policies and intervention practices in addictive behaviours are based in harm reduction, recovery and sustainable livelihoods (UNODC, 2012). International consensus is clear about the need to address these problems with a biopsychosocial perspective (Hall, Carter & Forlini, 2015), and any kind of intervention has to include topics as “recovery” (Yates, 2010) and “social support” (Uchino, 2014) to be long-term effective (UNODC, 2012).



O'Brien & O'Brien (2003) 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 (Aujoulat, d'Hoore & Deccache, 2007)
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 (Bovaird, 2007).



# Recovery

- Best, Bliuc, Iqbal, Upton & Hodgkins 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. (Best, Bliuc, Iqbal, Upton & Hodgkins, 2107)



# Recovery Capital

- Granfield and Cloud 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*” (Granfield& Cloud, 2001).
- 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.



# Recovery Capital

- For White&Cloud, 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.



# Recovery Capital

- 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. (Best, 2012)



# Recovery Capital

Into health and social intervention in addictive behaviours problems, EMCDDA recommend to adapt social & public health responses given by services to especial vulnerability groups of users. As these especial vulnerability groups we can find opiates user older than 40 years, women with addictive behaviours problems, young users in risk and families of persons with addictive behaviours problems.





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Observatorio Europeo de las  
Drogas y las Toxicomanías

# Respuestas sanitarias y sociales a los problemas relacionados con las drogas

UNA GUÍA EUROPEA



**UNODC**  
United Nations Office on Drugs and Crime



## TREATNET Quality Standards

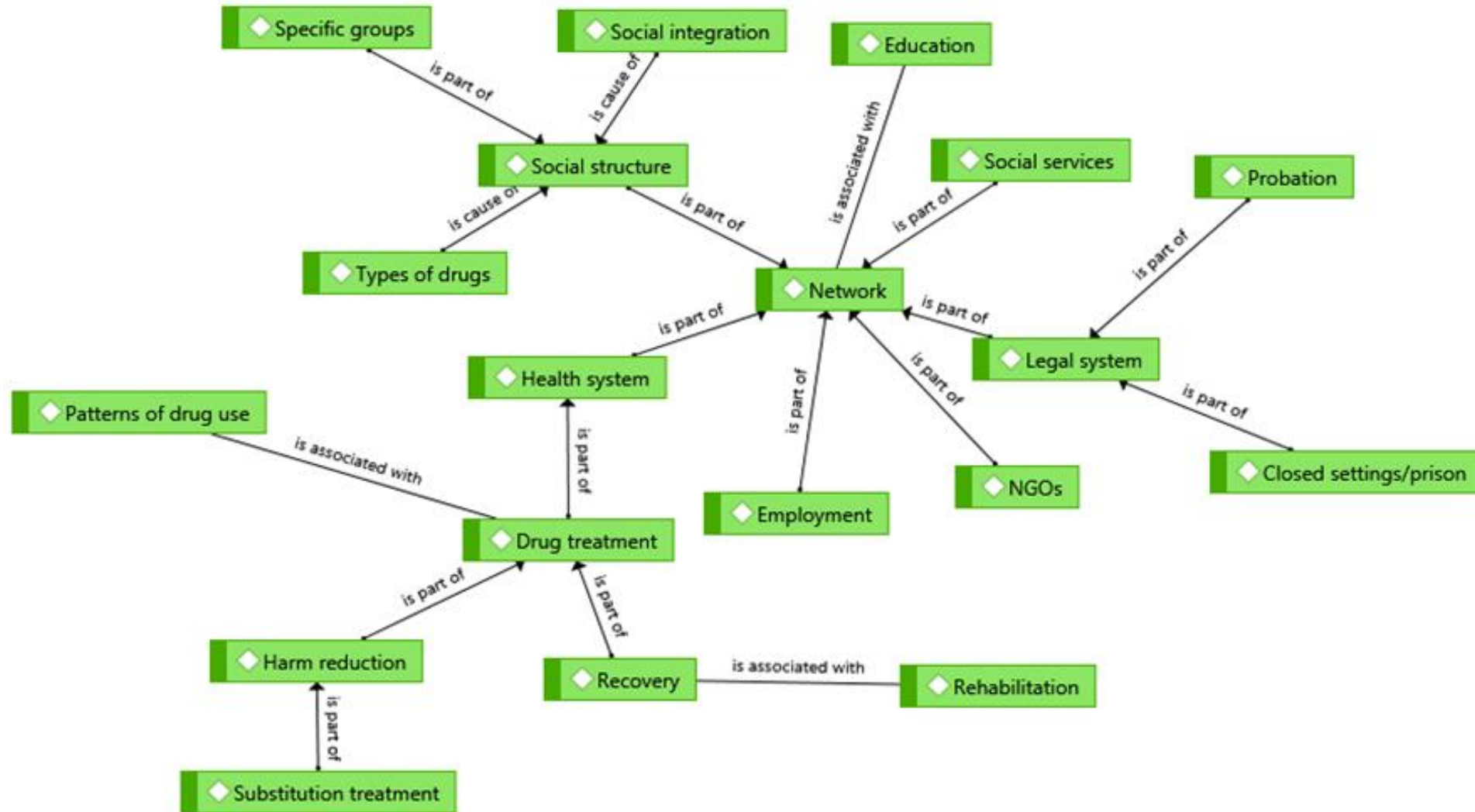
for Drug Dependence Treatment  
and Care Services



Triple R: Rehabilitation for  
Recovery and Reinsertion



# Qualitative methodology:Categories





# Verbatim: Opiates users intervention

*““In the past, mostly older male heroin users (35+ years old) contacted services and got engaged in residential rehabilitation programmes. The small number of heroin users contacting services still has the same profile as before- they are older males, unemployed, still living with parents, with very little or none support from family and friends.”*

*“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.”*

*“Levels of stigma and marginalization are still very high in society. Opiate users are taken care of by widely available and accessible OST programs.”*



# Verbatim: Women with addictive behaviours

*“We have a very low number of women seeking help and additionally gender sensitive treatment programs are not available.”*

*“Gender issues are now more central to the discussion about treatment, and more programs that consider women’s specific needs are now available in some public services for drug users. Professionals are now aware that women have different health problems, as well as of the existence of all the issues connected to children and pregnancy, and slowly this awareness is changing also the treatment programs available.”*



# Verbatim: Young people with addictive behaviours problems

*“Young users are sensitive to social cues, with peer groups and families being highly influential. Hence, specific needs of this population are related to the need for improvements in services that will facilitate parental involvement, integrate school and recognize the importance of pro-social peer relationships.”*

*“Young men fare less well than others and men fare less well than women”*

*“The increase in the number of young people with severe addictive behavior, and the decrease of the age of first contact with drugs, raised awareness among those in charge of the services, and also stimulated the implementation of prevention initiatives addressed to children and adolescents.”*



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# Conclusions

Employment, housing and links back to society have been routinely neglected. They play a significant role in recovery process and in reality recovery happens in the community and not in a clinic. The evidence now clearly indicates that those who have a job, housing and support from family and friends have a significantly higher likelihood of achieving long term stable recovery.

OST substitution is being met. Problems with housing is not being met. Problems with intimidation from drug gangs and debt are not being met. Women with children needs are not being met. Trauma and mental health is not being addressed





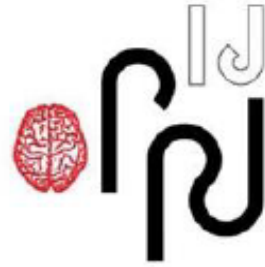
# Conclusions

*“The two main elements that are missing in most of the program are closely connected: recovery must always include vocational training, but unfortunately this is not frequent. Vocational training facilitates the most complicated but indispensable part of the process, which is social reintegration. Without a good trade to spend in the labor market and a quality continuum of care to support reintegration the recovery process is at risk of failure, with devastating consequences on the self-esteem of the person involved and greater difficulties in re-defining and adjusting the situation.”*



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## **Can Neuroscience be a Faustian bargain? Psychosocial factors in recovery of addictive behaviours**

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Mini Review

Open Access

## Social Recovery for Alcohol and Problematic Drug Use Rehabilitation in Europe

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### Abstract

Last years, several drug policies have integrated Recovery topic, about operative way to increase quality standards of life for rehabilitation of addictive behaviors, based on holistic approach in Bio psychosocial Model of addictive problem with Recovery concept. Social Recovery is actually considered as a basic topic in rehabilitation of drug problems, but it is not mainly offered in several countries around Europe. Goal of this article is to review Recovery concept in its actual perspective for alcohol and other addictive behaviors in different European countries.

**Keywords:** Bio psychosocial model; Social support; Social recovery

pornography, Internet and social media) [6], is clear about the need to abroad these problems with bio psychosocial perspective [7].



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Questions?  
Lot of thanks

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