



**UNITED STATES DEPARTMENT OF STATE**  
*Bureau for International Narcotics and  
Law Enforcement Affairs*

# **Promising Practices in Drug Treatment: Findings from Europe**



**May 2003**

# PROMISING PRACTICES IN DRUG TREATMENT: FINDINGS FROM EUROPE



## EXECUTIVE EDITORS

Susanna Nemes, PhD; and Salvatore V. Libretto, PhD

## AUTHORS OF COUNTRY REPORTS

**Poland:** Gerald R. Garrett, PhD; Susanna Nemes, PhD; Anne Helene Skinstad, PsyD

**Spain:** Susanna Nemes, PhD; Linda P. Kaplan, MA;

Richard D. Landis, MSW; Kelly Munly, MA

**Slovenia:** Jeffrey A. Hoffman, PhD; Gerald R. Garrett, PhD; David Deitch, PhD

**Italy:** Gerald R. Garrett, PhD; Willie C. Anderson, Jr., CCAC, CCDC, CCS;

Jacqueline Smith

Danya International, Inc.  
8737 Colesville Road, Suite 1200  
Silver Spring, MD 20910



# ACKNOWLEDGMENTS

---

Danya International, Inc., (Danya) prepared this document for the U.S. Department of State's Bureau for International Narcotics and Law Enforcement Affairs (INL) under grant number S-OPRAQ-00-H-N008, *Study of Effective Drug Treatment/Aftercare Programs in Latin America, Southeast Asia, and Europe*.

The efforts of many people have made this document possible—the assistance of INL, particularly, with special thanks to Thomas M. Browne, Deputy Director, and Gregory R. Stanton, Program Officer, of the Office of Anti-Crime Programs for their advice and leadership throughout the development and evolution of this project. Mr. Browne's and Mr. Stanton's long-term relationships with program and country leaders in Europe were instrumental in this project's successful completion. Their support for these programs overseas is recognized as crucial in promoting drug treatment around the world. We would also like to thank the program staff who gave generously of their time and resources, and assisted us in understanding each of the treatment programs visited.

The contributions of many other individuals are also sincerely appreciated, particularly: Valencia Montgomery-Fletcher, who served as Project Coordinator, and other Danya staff members who have played key roles in completing this project: Angela Cross, MA; Betsy Earp; Ruthie Doyal; Kelly Munly, MA; Kim Williams; Emily Glaeser; Cindy Min; AnnaCarin Johansson, MS; Lauren Hess; Fannie Romero; and Aaron Williams.

We also greatly appreciate the guidance and support of our International Advisory Committee, which consists of national experts in the areas of substance abuse and international evaluation: David Deitch, PhD (Chair); Barry Brown, PhD; Gerald R. Garrett, PhD; Mary Beth Johnson, MS; Anne Helene Skinstad, PsyD; and Renata Henry, MEd.

## Disclaimer

This project was funded, in part, through grant number S-OPRAQ-00-H-N008. The opinions, findings, and conclusions or recommendations expressed herein are those of the author(s) and do not necessarily reflect those of the Department of State.



# PROJECT OVERVIEW

---

The State Department's Bureau for International Narcotics and Law Enforcement Affairs (INL) supports demand reduction efforts overseas to combat the rising consumption of illicit drugs around the world. In 1978, the INL developed the International Demand Reduction (IDR) program to assist foreign countries in mobilizing their public and private sectors to support national narcotic control policies and programs. The IDR program was enhanced in 1990 to assist foreign countries with the development of self-sustaining prevention, education, and treatment programs. The current goal of the program is to strengthen the level of determination of foreign governments to fight illegal drug abuse and to increase the resources allocated to this effort.

In support of these efforts, the INL issued a grant to conduct an assessment of drug treatment and aftercare efforts as identified by the INL. Drug treatment programs in Europe, Latin America, and Southeast Asia were examined to identify promising programs and practices, and to assess lessons learned.

The project involved four phases:

- An initial gathering of background information;
- Fieldwork in the selected countries to obtain information from public organizations and nongovernmental organizations;
- Report generation to summarize findings by country and across countries or sites; and
- A descriptive report for foreign treatment programs that highlights accomplishments and results.

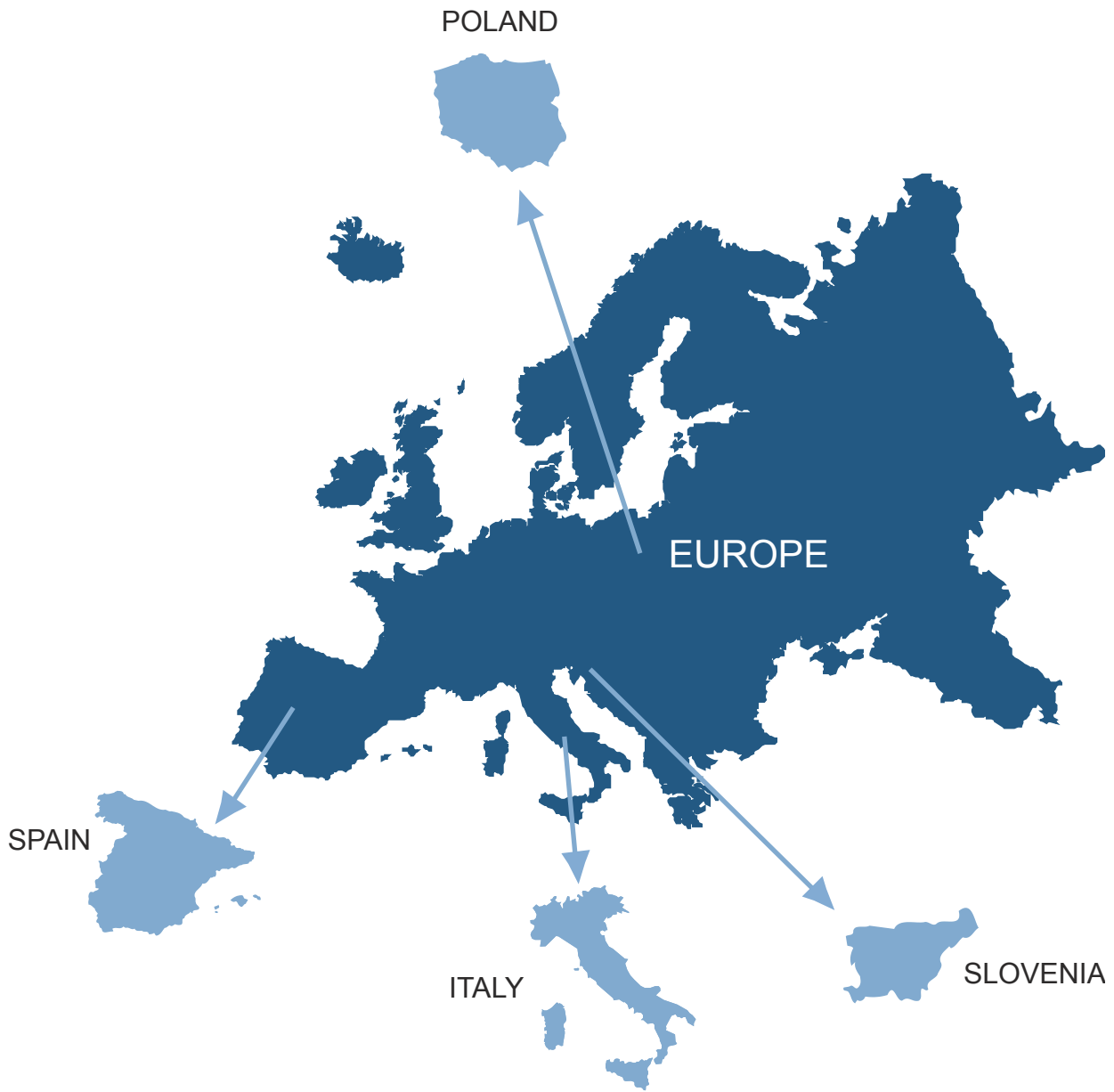
The information presented in the following pages highlights key study accomplishments in Europe.



# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY: EUROPE</b> .....	11
Poland .....	13
Spain .....	15
Slovenia .....	17
Italy .....	19
<b>Poland Report</b>	
Background: Poland .....	23
Description of Programs Visited: Poland .....	24
Promising Practices: Poland .....	30
Conclusions: Cultural Adaptations of the TC Model .....	33
<b>Spain Report</b>	
Background: Spain .....	37
Description of Programs Visited: Spain .....	38
Promising Practices: Spain .....	51
Conclusions: The Proyecto Hombre Program .....	53
<b>Slovenia Report</b>	
Background: Slovenia .....	57
Description of Programs Visited: Slovenia .....	58
Promising Practices: Slovenia .....	70
Conclusions: Slovenia's Commitment to Public Health .....	72
<b>Italy Report</b>	
Background: Italy .....	75
Description of Programs Visited: Italy .....	78
Promising Practices: Italy .....	88
Conclusions: Client, Family, and Community Bonds .....	89
<b>Appendices</b> .....	91
A. Methodology .....	93
B. Defining Promising Practices .....	95
C. Program Objectives .....	97
D. Instruments/Tools Used to Conduct Site Visits .....	99
E. References .....	101







# EXECUTIVE SUMMARY: DRUG TREATMENT IN EUROPE

## A Report on Promising Practices in Poland, Spain, Slovenia, and Italy

The United States Department of State, Bureau for International Narcotics and Law Enforcement Affairs (INL) is charged with ensuring that foreign countries receive assistance from the United States Government in addressing escalating drug use and helping improve local drug abuse treatment systems. Under this initiative, the State Department awarded a contract, entitled *Study of Effective Drug Treatment/After-care Programs in Latin America, Asia, and Europe* to Danya International, Inc. As part of the contract, evaluators conducted site visits in drug abuse treatment programs on several continents to identify “promising practices.” Promising practices are treatment approaches that, when effectively carried out, enhance the likelihood of success. Following identification of these practices, Danya, working in collaboration with the State Department, was charged with making the information readily available to U.S. and foreign treatment programs, government agencies, and the public, so that the successes of the programs evaluated can be replicated across the country and in other Nations.

In a series of site visits to drug treatment programs in Poland, Spain, Slovenia, and Italy, Danya evaluation teams collected many types of data; analyzed client records on drug use and treatment compliance; and conducted extensive interviews with staff members, volunteers, clients, and family members. Key study results from the work accomplished in Europe to date are presented in this report. Some of the most compelling promising practices identified during the European site visits are presented in this report.

## Europe and the Therapeutic Community Model of Treatment

Most European drug treatment programs are based on the residential Therapeutic Community (TC) model of treatment. TC treatment is an intense, emotional experience based on direct—sometimes confrontational—interactions among peers. The daily TC schedule is highly structured, from early morning until the designated bedtime. In a TC, treatment is considered a 24-hour-a-day, 7-day-a-week enterprise, requiring considerable dedication and commitment by clients, families, community residents, and staff members. The site visits Danya evaluators conducted in Europe focused on TCs and many promising practices that are emerging from the adaptation of TCs to special populations and local cultures.

Following is an overview of cross-cutting promising practices in Poland, Spain, Slovenia, and Italy.



## Promising Practices

- **Treatment structure.** The TC treatment modality is a defining feature of the programs evaluated. Programs feature individualized treatment objectives that are documented throughout the stages of treatment. Poland, Spain, and Slovenia have rigidly scheduled TC programs with activities planned from early morning to bedtime.
- **Integration of the family into every dimension of treatment.** Slovenia, Poland, Spain, and Italy require or strongly encourage the participation of family members and significant others in clients' treatment. Slovenia and Poland have specific, extensive requirements for family participation and offer separate programs for family members. Several of Italy's TCs have residential family treatment programs in which mothers and children live together at the facility. Spain's programs involve the family most intensively in Phase 1. During this time, someone must be with the client at all times when he or she is outside of the treatment center.
- **Client-oriented treatment plans.** Throughout the treatment process, there is a strong emphasis on meeting the individual needs of each client. In Poland, Italy, and Slovenia, clients are intimately involved in decisionmaking about their treatment plans. Poland requires a strong commitment to recovery before admission; clients run day-to-day and therapeutic events in the programs, and they play primary roles in clinical decisionmaking, housekeeping, program planning, and decisions on new admissions to the program.
- **Use of community volunteers.** Volunteers currently provide a wide range of services and are actively involved in shaping the organizational and therapeutic climate. Not only do they provide needed services and help in the delivery of services, volunteers represent another form of community influence. There is extensive involvement of volunteers in the majority of Italian treatment programs. In Spain, volunteers are matched to specific programs, and they provide critical services, such as accounting, information technology support, training, and educational services.
- **Prevention programs for children and adolescents.** Prevention programs are valued by many European treatment programs and are integrated into their regular schedules. In Italy, prevention programs for children between the ages of 5 and 12 often continue throughout the school year. Poland's TC programs integrate a prevention center into the drug abuse treatment facility; clients provide drug and addiction information through a hotline. In addition, a mobile outreach program takes prevention services to schools, shopping centers, recreational facilities, and other public settings.

## EXECUTIVE SUMMARY: POLAND

---

In June 2002, a Danya team traveled to Gdansk, Poland to conduct site visits of the MONAR (Ostrodek Rehabilitacyjno-Readaptacyjny dla Dzieci I Młodzieży) and Mrowisko Therapeutic Communities for youth.

MONAR is a nongovernmental organization (NGO) of drug treatment programs headquartered in Warsaw. The youth program reviewed in this report is one of several programs that comprise MONAR. These programs are independently funded, mostly through the National Health Service and local revenues. For the purposes of this report, MONAR refers only to the MONAR Youth Program, a TC for adolescents. The Mrowisko Youth Therapy and Prevention Center (Mrowisko Towarzystwo Profilaktyki Środowiskowej) is a TC and prevention center located within the same physical facility. Although it has connections with the MONAR TC because of a common director and founder, organizationally it is separate and receives funding independently. This informal arrangement permits some sharing of resources that is mutually beneficial. Promising practices found are presented below.

### PROMISING PRACTICES

- *Innovative and inspirational leadership;*
- *Requirement for a strong commitment to recovery prior to admission;*
- *Individualized treatment objectives documented throughout treatment;*
- *Effective group dynamics that support personal change;*
- *Focus on the developmental issues of the adolescent;*
- *Innovative prevention outreach activities; and*
- *A required commitment from family members to participate in the treatment process.*



## EXECUTIVE SUMMARY: SPAIN

---

In April 2001, a team of three evaluators conducted site visits in Spain to assess the promising drug treatment programs operated by Proyecto Hombre (PH) Association in Madrid, Barcelona, Majorca, Sevilla, and Guadalajara. PH has 25 sites throughout the country, with more than 200 programs in operation. Each site has a slightly different structure based on the local sociocultural needs, economic resources, and different institutional infrastructures; however, they all subscribe to the view that drug use is symptomatic of an individual's broader problems.

All treatment programs evaluated were based on the PH philosophical framework and professional training approach. The centers in Spain (as well as several in Portugal) provide a variety of addiction treatment and prevention services uniquely tailored to the local needs of communities. Promising practices found are presented below.

### PROMISING PRACTICES

- *Volunteers add a vital dimension to Proyecto Hombre's success. They provide critical services, such as accounting, information technology support, training, and educational services. They also serve as role models for the clients and their families.*
- *Self-help groups, comprised of families or individuals, are essential to treatment success.*
- *A "Reinsertion" phase emphasizes the teaching of specific life and social skills, including vocational training.*
- *A dedicated staff creates an environment free of judgment; they are committed to the program philosophy and to the clients.*
- *Each of the 25 sites is responsive to community and regional needs.*
- *An evaluation component to assess client outcomes has been added to the program.*



# EXECUTIVE SUMMARY: SLOVENIA

In October 2002, a Danya site visit team traveled to Slovenia to collect data on a variety of programs and services. The team recorded field notes as they observed programs in a wide range of settings. Notwithstanding the impact of the current economic recession, Slovenia enjoys a social and political stability that is far ahead of its Balkan neighbors. There are no border disputes, military alliances, or ethnic tensions. There are also no major cultural, social, or political barriers to impede the development of alcohol and drug treatment, aftercare, and prevention programs. Promising practices found are presented below.

## PROMISING PRACTICES

- *Engagement of the family in Project Man from the point of admission, including education and therapy for family members and significant others.*
- *Project Man includes a structured, phased therapeutic model implemented over a 2-year period. The model guides clients through a stabilizing psychological process that helps them acquire new skills, and an awareness of the underlying needs and conflicts that perpetuate addiction.*
- *Project Man's preparation phase generally lasts 1 to 3 months and consists of a series of assessment interviews and participation in separate educational groups for clients and family members.*
- *Project Man staff members are dedicated and committed to the clients and the philosophy of the program. They receive extensive training and supervision in the program model, which allows for consistency in the delivery of services.*
- *The Z Glavo na Zabavo program utilizes a combination of environmental strategies and effective use of mass media.*
- *Z Glavo na Zabavo hires and trains youth to participate in the planning and implementation of alcohol-free events and promotions.*



## EXECUTIVE SUMMARY: ITALY

In July 2001, evaluators from Danya traveled to Italy to meet with treatment professionals and administrative officers at a variety of addiction treatment programs. The researchers examined cultural factors that have helped shape the delivery of rehabilitation programs in Italy, particularly those that improve the chances of long-term recovery. The team also attempted to gain a broad understanding of the programs' relationships to the larger community—law enforcement, courts, public health, social services, religious institutions, municipal governance, and private citizens—and whether these relationships have an impact on the demand for drugs.

Fieldwork and data collection were undertaken at drug treatment organizations in five cities in Italy, each of which supports multiple facilities and programs within their regions:

- Caltanissetta, Sicily;
- Metropolitan Rome (Civitavecchia and Tuscany);
- Modena;
- Mantova; and
- Mestre, Venice.

All programs evaluated are affiliated with the Italian Federation of Therapeutic Communities (Federazione Italiana Comunità Terapeutiche [FICT]), which has ties to 51 treatment organizations in Italy. The Danya team identified promising treatment practices that warrant special attention for possible replication in other sites, as presented below.

### PROMISING PRACTICES

- *Charismatic leadership that inspires dedication of staff members, promotes commitment to high quality service, and creates special bonds among members of the treatment communities;*
- *An emphasis on the concept of “family” within the therapeutic communities;*
- *The effective use of community volunteers in providing treatment and prevention services to adolescent and adult populations;*
- *Involvement of families of TC residents in the treatment process;*
- *Intensive work programs as alternative or hybrid forms of the TC; and*
- *Linkages among family, volunteer, and community groups as a basis for enhanced drug prevention and demand reduction efforts.*







## BACKGROUND: POLAND

Poland, which has an estimated population of nearly 40 million, has a checkered history as an independent country. With the collapse of the Communist regime in 1989, Poland faced major hardships in transitioning from a fixed economy to a market economy. Despite painfully bleak times during this period, Poland today is arguably one of the most successful of the former Soviet Block countries in developing a robust economy and a promising future. However, Poland currently faces the troubles of a sluggish worldwide economy. In addition to problems resulting from rapid social and political change, the downturn in economic conditions may stimulate Poland's increasing problem with drugs. For example, in 2002, the unemployment rate was over 20 percent, and more than 18 percent of the population fell below the poverty line.



Poland has always had a history of active illicit drug use, even during its allegiance to the former Soviet Union, and most observers agree that drug use and addiction rates have steadily increased in the ensuing years. Interview respondents and focus group participants stated during the site visit that Poland has now become as much a destination market for drugs as a “pass through” country. It is currently a major manufacturer of amphetamines for the international market. Although precise data on the number of users and addicts is not readily available, it is clear that there are significant numbers of drug-addicted men and women today. This is also evident by the present-day demands for drug treatment, which have generated substantial waiting lists for treatment programs and TCs; reports on the problem from the Government health service; high numbers of drug-related cases of HIV infection; and large numbers of drug-involved criminal offenders.

The National Bureau of Drug Prevention was established in 1993 to implement drug prevention policies. This bureau also oversees the Department of Rehabilitation, which shapes policies and programs on drug rehabilitation. The two programs reviewed in this report, MONAR (Ostrodek Rehabilitacyjno-Readaptacyjny dla Dzieci I Młodzieży) and Mrowisko, are responding directly to the growing demand for drug treatment for adolescents.

# DESCRIPTION OF PROGRAMS VISITED: POLAND

This report summarizes the findings of the site visits conducted by a team of Danya evaluators in Gdansk, Poland, from June 22 to June 30, 2002. Key programs visited include the MONAR TC and the Mrowisko TC and Prevention Center, both of which provide a congenial group living environment for adolescents.

## MONAR

MONAR's Youth Therapeutic Center program, "Find Yourself," was founded in 1983 and offers TC treatment services to drug-involved children and adolescents, most of whom are 12 to 19 years old. Entrance to the program requires a commitment to total abstinence, including tobacco cessation, and pre-admission detoxification (if needed). The TC has the capacity to house 32 clients, but at the time of the site visit, the facility was over capacity, with 38 clients. The waiting list exceeded 500.

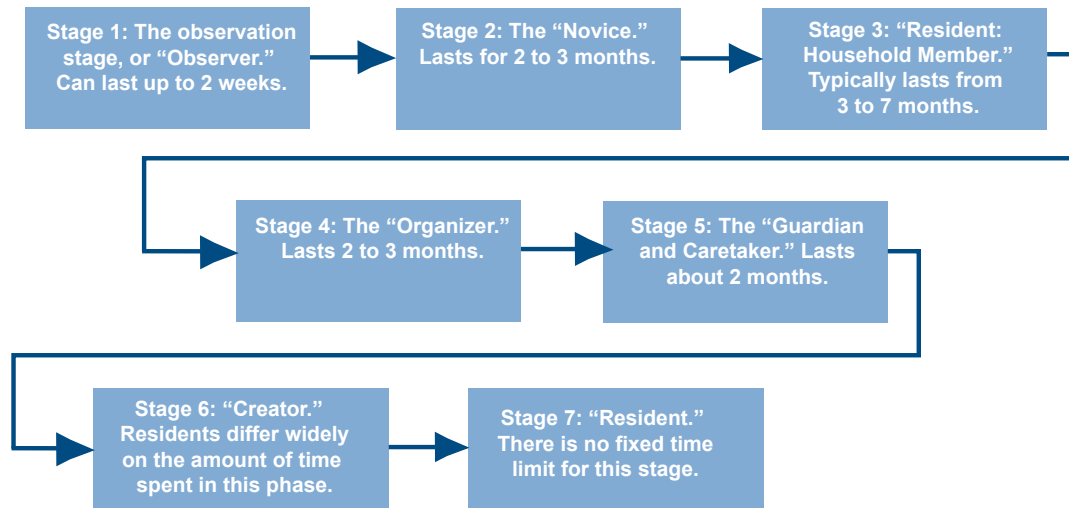
The therapeutic approach at MONAR operates on the assumption that drug abuse is a symptom of the crises of adolescence and personal disorders. Staff members at the MONAR TC believe change can take place when adolescents are offered a nurturing, safe, and secure environment. According to the MONAR philosophy, two types of therapeutic groups are central to personal change and recovery: the peer group and the therapy group. The clients run day-to-day and therapeutic events in the programs, and meet regularly to work together in peer groups. Clients play primary roles in clinical decisionmaking, housekeeping, program planning, and decisions on new admissions to the program. In the therapy groups, MONAR's treatment staff members serve multiple roles as friends, role models, and guardians to the clients.

## Services

MONAR presents a highly attractive, individualized, and intensive program for adolescents. According to MONAR's philosophy, the treatment process must be accepted by the adolescent before entering the program. The adolescent's agreement with the treatment process—including the facility, stages, and different forms of therapy—is imperative to successful treatment completion.

The MONAR TC utilizes seven stages in its treatment program, as shown in **Figure 1**. Clients typically complete the stages in 12 to 16 months.

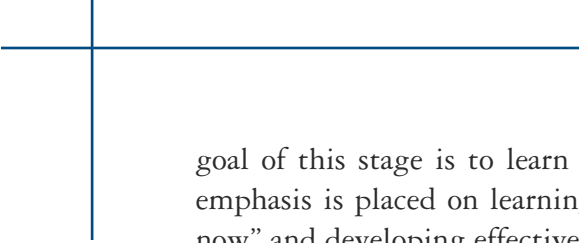
**Figure 1: The MONAR Youth Therapeutic Center Program “Find Yourself”**



**Stage 1, the observation stage, or “Observer,”** can last up to 2 weeks, but it is usually completed within 2 to 4 days. During this stage, potential clients do not have to participate in the program, but can observe it firsthand and may choose to become involved in any aspect of the program, such as attending meetings and taking part in recreational activities. The goal of this stage is to gain familiarity with the regulations of the house. Observers can then make informed decisions on whether to formally enter the TC. This process also allows the observer to pick an “angel” (i.e., a big brother or big sister) and a staff person to work with, should they enter the program. Staff members report that approximately 8 out of every 10 observers enter the TC after the observation period. Those who choose not to enter are permitted to visit the program again as an observer after a minimum 2-week waiting period.

**Stage 2, the “Novice,”** lasts for 2 to 3 months. The main goal of this stage is to make a break from the past, accept the present as a drug-free and sober individual, and decide to commit fully to residency at MONAR. Novices are expected to obey house rules dutifully and develop an individualized treatment program. They also participate more fully in treatment, plan to develop new life skills, and agree to live a responsible lifestyle. Staff members report that 2 out of every 10 clients at this stage will drop out.

**Stage 3 is called “Resident: Household Member”** and typically lasts from 3 to 7 months. This phase of treatment is based on the motivation to adopt the lifestyle changes that began during the Novice stage. The clients take on certain roles and functions in the household, such as working on the kitchen or garden crews. A specific



goal of this stage is to learn self-respect and restraint in personal decisions. Special emphasis is placed on learning new skills, such as problem solving in the “here and now” and developing effective interpersonal communication skills.

**Stage 4, the “Organizer,”** is the stage during which the clients are exposed to fundamental areas of responsible adulthood and begin to reorganize their lives. Clients may visit workplaces to apply for jobs, take part in new events at the TC, organize spare time, become involved in cultural events, learn computer and Internet skills, write a resume, or otherwise gather new life experiences. This stage usually starts in Month 7 or 8 and continues until Month 10 of residency. During this time, the client earns the first pass for a home visit.

**Stage 5, the “Guardian and Caretaker,”** is the most difficult stage and lasts about 2 months. The goal is to recognize and name feelings, work on deep emotional issues, address relationships with parents, and learn to give and receive love. This phase of the program requires clients to “look inside” and understand emotions of the past and how they affect the present.

**Stage 6 is known as “Creator.”** This stage follows the credo that individuals are the creators of their own futures. Clients differ widely on the amount of time spent in this phase, as their progress varies according to personal strengths and needs. They explore personal values and strengths, spirituality, and self-perceptions. Clients also make realistic plans for school attendance, job placement, and family lives. During this stage, clients also learn respect for others.

*During the fifth stage of the program, called Guardian and Caretaker, the client works on deep emotional issues and relationships with parents. This stage usually lasts from 45 to 75 days. Stage 6 is known as Creator, and follows the credo that “you are the creator of your own future.” Clients differ widely on the amount of time spent in this stage, as their progress varies according to personal strengths and needs.*

**Stage 7 is called “Resident.”** The goal for this last stage is for clients to implement plans for their future, look for a place to live, and “prepare for [a new] life.” There is no fixed time limit for this stage, and clients sometimes move to a hostel made available as temporary living quarters.

As of September 2002, MONAR had 663 graduates, 223 of whom were female; the remaining 440 were male. Since its inception, the program has seen a threefold increase (from 20 to 60 percent) in the number of clients who have a history with the criminal or juvenile justice systems. MONAR collects followup data on its graduates and uses the data to make informed decisions about program planning.

---

## Sample Focus Group Results

In one focus group, all available MONAR clinical staff members were asked to discuss the most important aspects of the program and to vote on the three most successful features. The staff identified its following three aspects:

- The peer group-based TC setting;
- The use of universal values, such as love, social relations, and the creation of bonds; and
- Clear, gradual, and structured treatment stages.

In another focus group, clients were asked to vote on the three most successful features of the program. Seven MONAR clients identified the following key aspects:

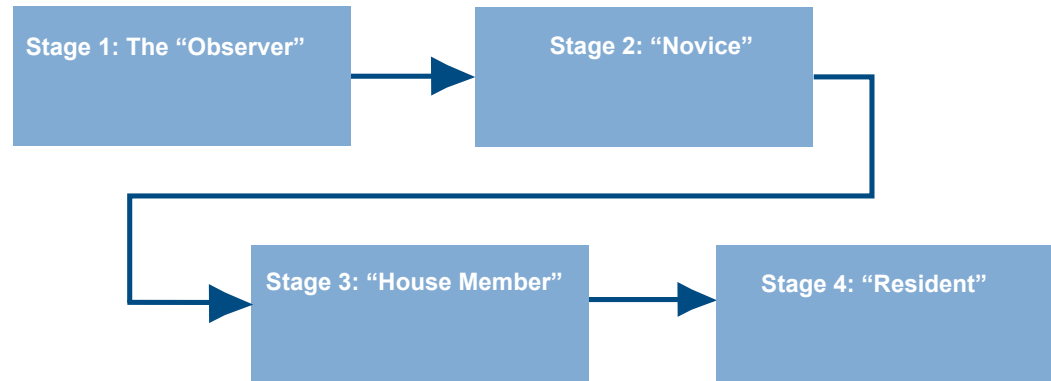
- A caring environment with a friendly spirit;
- An environment that encourages new interests and shows them they can do things that they did not know they could do; and
- A peer group that allows them “to share our problems with others similar to us.”

## Mrowisko TC and Prevention Center

*Mrowisko*, which means “ant hill,” was founded in 1996. It is for adolescents 14 to 19 years old whose drug and psychiatric disorders are not as serious as those treated at MONAR. Mrowisko’s unique approach to TC programming integrates a prevention center into the drug abuse treatment facility. It has the capacity to house 17 clients, and there was a waiting list in excess of 200 adolescents at the time of the site visit.

The Mrowisko TC utilizes four stages, as shown in **Figure 2**. Stage 1, the “Observer,” allows prospective clients to observe the TC process. It is intended to generate motivation to commit to the program and the recovery process. During the second stage, “Novice,” the client strengthens the decision to pursue the program’s approach to treatment and determines which aspects of his or her life require change. This stage includes counseling for the parents. In the third stage, known as “House Member,” the client concentrates on new skills, including problem solving, interpersonal communications, and other life skills. The fourth and last stage at Mrowisko is called “Resident.” During this stage, the house member works and/or studies and refines life skills.

**Figure 2: The Mrowisko Youth Therapy and Prevention Center**



Mrowisko’s approach, unique among TCs, includes the operation of an onsite prevention center, which is operated solely by house members. Clients participate in a wide range of prevention activities, including drug education in the schools and information dissemination to prospective clients, parents, and others about drugs and drug treatment. TC clients also provide outpatient counseling, operate the reception desk, and answer the telephone.

The outpatient clinic, which has as many as 250 contacts each month, provides individual and group treatment services to a variety of client populations, such as men and women involved with drugs or patients with eating disorders. It also houses and facilitates self-help group meetings. Clients admitted to the outpatient treatment unit are thoroughly evaluated by clinical psychologists through a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnostic assessment, standardized personality assessments, and intelligence tests. The clinic works in cooperation with a nearby psychiatric unit to provide individual and group therapy to those with co-occurring mental health and substance abuse disorders. In addition, the outpatient client clinic provides counseling to the parents of children with substance abuse problems. Services are delivered on the TC premises and through outreach efforts.

## **Mrowisko and MONAR Shared Resources**

### **THE KONTAKT BUS**

The “Kontakt Bus,” run by staff members and clients of Mrowisko and MONAR, provides some of the Prevention Center’s services. The “bus” is a mobile van that offers outreach and prevention activities to children, parents, adolescents, and other adults in the cities of Gdansk, Gdynia, and Sopot.

---

Activities are typically conducted in an open-air setting, with multiple services offered concurrently. Collectively, these activities function as part of the TC program, offering clients the opportunity to perform tasks required by their individual treatment plans. They reach out to others, develop and practice communication skills, and build inner character.

## The Hostel

Clients from both MONAR and Mrowisko have the opportunity to live in a temporary housing facility called the Hostel as a transitional step after completing treatment. This relatively small facility has no live-in treatment staff, and for the most part, clients operate the facility themselves. Clients are responsible for cooking, shopping, cleaning, and other household duties. The maximum time of residency is 6 months, but clients are often allowed extensions to help them deal with special logistical issues, such as completion of the school year and proximity to jobs. Once a week, staff members from MONAR conduct a community meeting at the Hostel. Clients sometimes return to their original TC, either Mrowisko or MONAR, for special occasions, individual counseling, and the “big community meeting.”

*Among the many services offered through the Kontakt Bus are alcohol and drug information; sports and recreation activities; outpatient counseling; consultation with parents, teachers, and other adult groups; and games and arts activities for preschool youngsters.*

## Key Findings

Key findings from Danya’s site visit to Poland include the following:

- A downturn in economic conditions may be stimulating Poland’s increasing problem with drugs. The unemployment rate is over 20 percent, and more than 18 percent of the population falls below the poverty line.
- As of September 2002, the MONAR program had 663 graduates, 440 male and 223 female. MONAR has the capacity to house 32 clients. At the time of the site visit, the facility was over capacity with 38 clients. The waiting list at the time of the site visit exceeded 500.
- Mrowisko takes a relatively unique approach in its TC programming, as it is both a drug abuse treatment and prevention center. It has the capacity to house up to 17 clients. At the time of the site visit, it had a waiting list for admission in excess of 200 adolescents.
- By focusing on child and adolescent populations, the two programs described in this report are responding directly to the growing demand in Poland for adolescent drug treatment.

## PROMISING PRACTICES: POLAND

**Innovative and Inspirational Leadership.** Jolanta Koczurowska, PhD, the founder and current Director of both Mrowisko and MONAR, is an imaginative, innovative therapist whose skills are key to the programs' success. Her approach is extraordinarily client-centered, so that clients play a large role in organizational and clinical decisionmaking. She provides visionary leadership, yet is mindful of fostering an organizational climate that stimulates professional growth.

**High Client Motivation.** Both programs require that a strong commitment to recovery be made before admission. Those on waiting lists are required to call in at least once each week, and at that time telephone peer counselors evaluate callers' levels of motivation to commit to recovery. If the peer counselor views the caller's motivation level as marginal, the caller is not accepted into the program. This initial push for client motivation is reflected throughout the stages of treatment, with tasks designed to strengthen the motivation and the commitment to remain substance-free.

*During a focus group, Mrowisko staff members identified the following three key aspects of the program:*

- *Personal development;*
- *A homelike, caring environment; and*
- *Treatment and prevention initiatives combined.*

**Individualized Treatment Planning.** Both MONAR and Mrowisko develop individualized treatment plans for every client. Clients work with their counselor and peer group to establish tailored treatment objectives that are recorded in the "Indeks," books that document the accomplishments of each client. The Indeks stay with clients throughout their residency.

**Effective Use of Group Dynamics.** In both programs, the therapy groups demonstrated sensitivity to the tasks of supporting and constructively criticizing individual members, commensurate with his or her ability to deal with issues. Strong confrontation was not encouraged. The overall effect was a clinical environment supportive of personal change. In addition, the staff members leading the groups have only indirect involvement in influencing how the group proceeds, which is consistent with the client-centered philosophy.

**Structured Treatment.** MONAR and Mrowisko are structured into discrete stages that foster individualized and group-driven treatment activities. MONAR utilizes seven stages, during which clients progress from observer to full member of the household. Mrowisko uses four stages. As participants move through the stages, they earn increased privileges and status in the community, which facilitates an enormous sense of personal pride in the clients.

---

**Focus on Adolescent Developmental Processes.** At both programs, substance abuse was seen as a crisis in adolescent development. Overall, the therapy focused on the developmental tasks of the adolescent, rather than focusing on drug abuse. Drug use is only discussed during the early Novice phase, and later with an individual therapist when relapse issues surface. Directing attention away from drug use prevents therapy groups from spending time on discussions that glorify the thrills of intoxication. Instead, the therapy focuses on accomplishing the developmental tasks needed to prevent relapse.

**Democracy in TC Operations and Clinical Decisionmaking.**

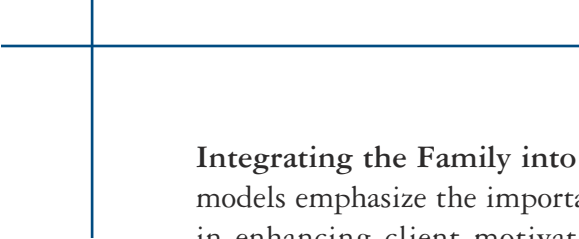
One of the unique features of the MONAR and Mrowisko model is democracy in program operations, which extends to clinical decisionmaking. Clients run almost every phase of operations, ranging from chores and ordering groceries to deciding who is admitted to the program. They also generate solutions to clinical questions that directly relate to individualized treatment plans. Evaluator observations suggest that this democratic approach not only achieves substantial clinical success, but also helps strengthen the commitment of clients to the program.

*Clients of Mrowisko stated that their participation in the prevention center was personally very important to them and a vital part of recovery. It was evident that there was synergy between the clients' treatment plans and the complementary operation of the prevention center.*

**Abstinence from Tobacco Products.** Both MONAR and Mrowisko have created smoke-free environments in their residential facilities. Although other TCs have embraced no-smoking policies, this is not a common practice. Sociologically, this policy can be seen as furthering the programs' efforts to build lifelong resilience in lifestyle.

**Combined Prevention and Treatment Components.** One of the most interesting features of Mrowisko is the combination of prevention and treatment initiatives within a single organization. TC clients operate the center and carry out most prevention activities. They respond to phone inquiries about alcohol and drug information, provide consultations with adults and parents about drug abuse, and participate in outreach activities.

**Hostel as a Transition to the Community.** In the MONAR and Mrowisko programs, the Hostel plays a vital role in the recovery process. The Hostel is transitional housing offering a temporary living facility before clients' re-entry into the community. With the reduced financial stress of living in a hostel, most clients are able to attend school, obtain employment, and secure other housing during this time. This arrangement allows clients to retain ties to their TC.



**Integrating the Family into the Treatment Process.** The MONAR and Mrowisko models emphasize the importance of love and support from the family as an influence in enhancing client motivation to commit to and to sustain involvement in the treatment process. Although this philosophy is not unique, MONAR and Mrowisko have developed a clever strategy to encourage parent involvement. Parents visit the TC monthly, during which they receive education on drug abuse and participate in discussions about their child's developmental progress. They can also request therapy services for themselves and the family.

**Innovative Outreach Program.** MONAR and Mrowisko implement a second outreach program through the Kontakt Bus. It allows Mrowisko to take prevention services to schools, shopping centers, recreational facilities, and other public settings frequently and conveniently. The Kontakt Bus reaches out to youngsters, teenagers, and parents looking for information about drug treatment. However, it primarily offers recreational services, such as games, videos, sports, and exercise. Consistent with the organization's focus on developmental issues, the Kontakt Bus concentrates on age-appropriate activities to promote healthy lifestyles and build lifelong resilience against drug involvement.

*Parents must commit to participation in the treatment process when the applicant is admitted to residency and MONAR invites them to spend as much as a week in the institution. Program staff members hope this experience deepens insight about the program and increases parents' emotional investment in the treatment process.*

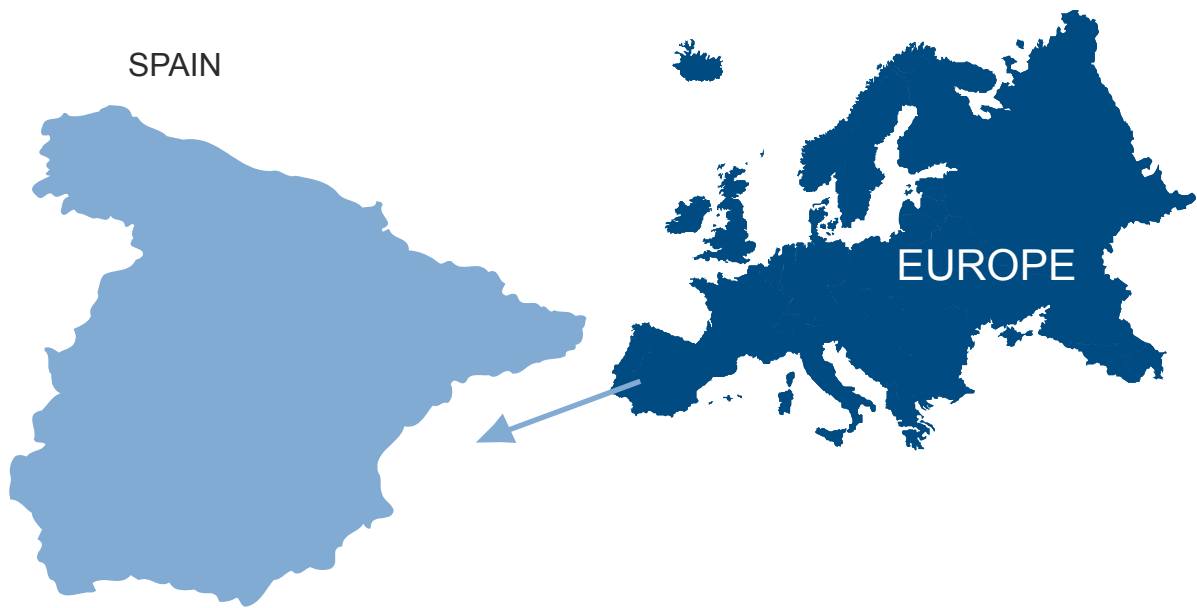
## CONCLUSIONS: CULTURAL ADAPTATIONS OF THE TC MODEL

---

Staff members at both TCs created a congenial group living environment. Perhaps the most notable practice observed by evaluators was the use of a prevention center staffed by residential TC members as part of treatment. In focus groups and individual interviews, respondents uniformly commented on the work in the prevention center as a valuable activity, as it helped them fulfill the requirements of TC treatment while offering information to the public. As an added benefit, there was clear evidence that the consumers of these prevention efforts were well served by this approach.

Although this TC model borrows from Rogerian therapy, humanistic approaches, and other modalities, the programs visited have matured within the Polish culture. If the model were to be adopted in other countries, attention should be paid to its adaptability in other cultural and national settings. Overall, the evaluation team was extremely impressed with MONAR and Mrowisko, and believes that both programs can be highlighted as holding exceptional promise in treatment and prevention.







## BACKGROUND: SPAIN

Based on an annual survey on attitudes toward drug use, approximately half of the Spanish population believes that illicit drug use is an important problem. However, citizens do not feel the same sense of crisis and alarm indicated in earlier surveys (as cited in the 1999 Spanish National Report to the European Monitoring Center for Drugs and Drug Addiction [EMCDDA]). Initiatives conducted by the Spanish Government to reduce risky behavior has resulted in fewer drug dealers, less observed drug use, and fewer syringes in public places. Subsequent citations in this section have been extracted from the 1999 EMCDDA report.



In 1998, 54,338 people were in treatment for drug abuse other than alcohol or tobacco. Heroin is still the drug of choice in Spain, accounting for 80.2 percent of those in treatment at the time of the site visit. Conversely, there is also evidence that heroin use is declining. The number of individuals in treatment for heroin addiction in 1998 was 11,867, a substantial decrease from the 20,017 people treated in 1992. The number of deaths related to heroin use fell from a high of 579 in 1991 to 299 in 1998.

Spain is one of the largest consumers of cocaine in Western Europe. Its use is currently on the rise and about 1.7 percent of the Spanish population 15 years and older uses cocaine. The number of people in treatment for cocaine abuse or dependence has increased from 187 in 1991 to 6,154 people in 1998. Crack cocaine use is not widespread among the general population, but it is used by heroin addicts on occasion.

The use of cannabis, or its derivative, hashish, also has risen in the last few years. Hashish has always been the most widely used illegal drug in Spain. Its use increased slightly from 7.3 percent of the population over the age of 15 in 1995 to 7.6 percent in 1997. Amphetamine use appears to have stabilized. In 1997, only 0.9 percent of the population over the age of 15 reported amphetamine use, a slight decrease from the 1.1 percent reported in 1995. Ecstasy use also appears to have stabilized over the same period, dropping from 1.3 percent of the population over the age of 15 in 1995, to about 0.9 percent in 1997.

In the Proyecto Hombre programs, the evaluation team found that the majority of patients accepted in treatment were men (81.8 percent), and the average age of those in treatment was 34 years of age. Most (70.8 percent) had completed only primary education, 60.1 percent were receiving public assistance, and 60.4 percent were single. Most patients (63.9 percent) were living in the family home.

# DESCRIPTION OF PROGRAMS VISITED: SPAIN

## Proyecto Hombre

The Proyecto Hombre Association (PH) houses its headquarters in a building that includes staff offices as well as training facilities. Training is provided for all Proyecto Hombre program staff throughout Spain and Portugal. In addition to the classrooms for training, the site has sleeping rooms, a kitchen, and large dining room. The initial training for Proyecto Hombre staff members is done in stages, with a series of 2-week sessions separated by practical field experience and culminating with another month of training. Staff education on special topics is also provided, as exemplified by the 1-week course on “Women and Drugs” that was in process during the evaluators’ visit. The association also publishes a monthly magazine, *Proyecto Hombre*, which has a readership of more than 20,000 professionals and other subscribers.

Proyecto Hombre was launched in 1984 based on a traditional “Therapeutic Intervention Model” that remains core to the program philosophy to this day. The model involves a series of stages or phases in rehabilitation and social reinsertion. The length of the treatment depends on the personal process for each individual. Various sites have slightly different structures based on the sociocultural needs, economic resources, and different institutional infrastructures in place. Yet all PH programs share a fundamental concept: individuals are “aware” beings who are capable of solving their own problems. People are free to choose the life they want and are responsible for the actions and consequences resulting from their choices. Proyecto Hombre is open to all who need treatment and is not linked to any particular political or religious ideology.

*Proyecto Hombre belongs to the World Federation of Therapeutic Communities and is an active participant in that organization. It is also part of a network of programs in Latin America that has received funding from the Organization of American States for some of its evaluation programs.*

## Program Objectives

Seven fundamental objectives for treatment are cornerstones of Proyecto Hombre. Those objectives are:

- Abstinence from non-alcoholic drugs;
- Moderate use or abstinence from alcohol;
- Cessation of criminal activity;
- Obtaining and keeping a job;
- Improvement of the educational level;
- Improvement of family relationships; and
- Establishment of relationships with people who do not use drugs.

---

According to the Director of Education and Training of the PH Association, the following elements reflect Proyecto Hombre's core philosophy:

- A focus on the whole person and all domains of his or her life, including family, social networks, work, and education;
- A belief that each person has responsibility for his or her life choices and obligations to family, society, and work;
- The belief that people can change—that is, they can give up drugs and fight to develop a future;
- An emphasis on clients accepting responsibility for past behavior;
- Healthy involvement of the family that allows for assistance, but not for accepting blame for the client's behavior; and
- Communication between the family and the client, with an emphasis on opening communication, especially between those who have not communicated well in the past.

## Program Phases

The Therapeutic Intervention Model has three phases: Motivation, Therapeutic Community, and Reinsertion. These phases are shown below in **Figure 3**.

**Figure 3: The Therapeutic Intervention Model**



**Phase 1** is called “**Motivation**” and lasts 3 months. The objectives of this outpatient phase are to achieve abstinence from drugs and develop the motivation necessary to move toward personal maturity. Some of the activities included in this phase are group therapy, clinical consultations, seminars on various topics, courses in occupational areas, family therapy, and self-help groups.

In **Phase 2**, “**Therapeutic Community**,” the focus is on self-awareness. The objective is for the client to develop insight about himself or herself through positive experiences. Many activities from Phase 1 are continued. In addition, participants may begin to have work-related responsibilities and organize their own free time. This phase can be residential, outpatient, or a combination of the two, and it lasts about 7 to 9 months.

Phase 3, “Reinsertion,” is accomplished through six routes that are matched to the needs of each client. The routes and their key goals are:

- 1) Personal—helping addicts experiment with a drug-free lifestyle;
- 2) Family—working with affected families and clients concurrently;
- 3) Social and cultural—helping build new social networks and constructive activities for free time and leisure;
- 4) Training and labor—acquiring personal and professional capacities to find gainful employment;
- 5) Medical and health—providing health education and forming a link to the public health system; and
- 6) Legal and penal—dealing with existing legal issues that could affect treatment.

*Phase 3, “Reinsertion,” is the final phase of treatment, and it can last up to 1 year. Its objectives are to integrate the clients into social and work environments and help them attain autonomy—gaining the ability to deal with day-to-day tensions and conflicts without relapsing. The same methodology and activities are used as in Phase 2.*

## Staffing

In 2000, Proyecto Hombre employed 700 staff members and used 2,500 volunteers in the programs throughout Spain. Staff members included psychologists, educators, social workers, other therapists (some in recovery themselves), an attorney, administrative and fundraising staff, and a director. Most of the clinical staff members interviewed by the Danya team had degrees in psychology or social work. Their skills were augmented by PH-required training and by other training on special populations and new programs.

*Development and implementation of a centralized management information system (MIS) has been a major effort undertaken by the association in the past few years. The MIS is being designed to collect data from all the centers and will provide reports for the entire network. Spearheaded by staff in the Mallorca program, the MIS will be Internet-based and will allow the centers to enter their data on a spreadsheet directly into the database.*

In Spain volunteerism is considered a civic duty and Proyecto Hombre has an active volunteer program coordinated at the national level. Currently the Madrid program has 900 residents, about 90 staff members, and about 200 volunteers in six sites throughout the city. The volunteers help in many ways, assisting with self-help groups, providing adult education, and helping in leisure or free-time activities and cultural events.



## Funding

The association is funded by Spain's National Drug Control Office, which disperses funding to the programs based on their size. These funds cover only a small portion of treatment costs. The centers receive their remaining funds from various sources, but most often from the "province" or local government. For example, funding for Proyecto Hombre Madrid comes from the following sources:

- The City of Madrid;
- Rent taxes, some of which are donated to the church or social causes;
- Money taken from drug traffickers;
- The Government Employment Agency, which provides funds for the work program;
- The Department of Juvenile Services;
- European Community Funds;
- Donations from families;
- Cocaine users who are employed; and
- Juveniles in the Reinsertion phase, who contribute 25 percent of their salaries to the program.

Other fundraising includes the highly successful annual soccer game, which occurs in either Madrid or Barcelona and involves major sports, political, and cultural figures. In Spain, certain banks (similar to credit unions) give 30 percent of their profits to local causes. A recently hired fundraiser was planning solicitations targeted to these institutions and other potential donors.

## Other Services

Beyond the three phases described previously, Proyecto Hombre offers its clients several additional programs and services, discussed below.

### SUPPORT PROGRAM (PROGRAMA DE APOYO)

This program takes into account the individualized rehabilitation process, attending to the personal needs of the individual (e.g., the need to incorporate work earlier for some people than for others). This program lasts approximately 12 to 14 months and is an outpatient program.



### **ADOLESCENT AND FAMILY PROGRAM (PROGRAMA DE ATENCION A ADOLESCENTES Y FAMILIAS)**

Adolescents are referred to this program if they are in risky situations, have shown early drug use patterns, and/or have relationship problems with the immediate family. Goals are designed to be achieved without removing the adolescent from his or her normal routine. This process takes about 1 year and is conducted as an outpatient program. The objectives are to:

- Prevent further drug use;
- Support and nurture the development of “personal resources” that permit healthy development; and
- Simplify the integration of social, educational, and work areas for the youth.

### **METHADONE PROGRAM (PROGRAMA DE METADONA)**

This program is meant to be an intermediary step, since the overall goal is to be completely drug free. The general objectives are to help youth abstain from illegal drug use while motivating them to opt for a completely drug-free lifestyle.

### **ALCOHOL PROGRAM (PROGRAMA DE ALCOHOL)**

This program, located at both Navarra and Galicia, teaches participants the skills that are necessary to handle daily situations that may place them at risk for drinking alcohol.

### **COCAINE PROGRAM (PROGRAMA DE ATENCION A COCAINOMANOS)**

The personal and social characteristics of cocaine users are slightly different from those of other drug users. Regarding age, there is relatively late initiation of use and often cocaine is the primary drug used. Cocaine users can maintain their social interactions and discuss the problems associated with drug use without the realization there is an addiction problem. Individuals using cocaine have a high degree of self-autonomy and usually, a certain level of family and social support. Methodologically, the cocaine program does not follow a linear process. The therapist develops an individualized program for each client.

### **ALTERNATIVE REINSERTION (REINSERCIÓN ALTERNATIVA)**

This residential program is for individuals who are in a high level of rehabilitation but lack a social system to complete the program. To participate in this program, the client must be older than 18, not have psychological problems, and have abstained from drug use for the previous 6 months. The program is also directed to those in the prison programs. There are three levels for this program, and the entire duration is about 1 year.

---

### **PRISON PROGRAM (PROGRAMA LIBRE DE DROGAS INTRAPENITENCIARIO)**

According to statistics, 54 percent of prison inmates are drug addicts (EMCDDA 1999). The objective of this program is to establish the permanent presence of a treatment program in the prisons, which would allow inmates to begin the therapeutic process and orient them toward complete abstinence. The ultimate program goal is social reinsertion (work). The program is organized in four levels and the methods used include: informative sessions, motivational groups, personal interviews, educational activities, sports, occupational workshops, family interviews, and self-help groups.

### **GYPSY REHABILITATION AND REINSERTION PROGRAM (PROGRAMA DE REHABILITACION Y REINSERCIÓN DE LA COMUNIDAD GITANA)**

This program is designed specifically for the Gitana (Gypsy) community, and has been culturally adapted to fit their lifestyle and beliefs. They use many of the same PH strategies, but the program lasts about 16 months.

### **DETOXIFICATION PROGRAM (PROGRAMA DE DESINTOXICACION)**

This medically assisted detox program is operated in collaboration with a public health organization. One of this program's goals is to motivate the individual to begin the rehabilitation process free of drugs.

### **WORK WITH FAMILIES (TRABAJO CON FAMILIAS)**

Proyecto Hombre considers work with families extremely important. On one hand, they consider the family members to be "co-therapists," given that they best know the problems of the individual. On the other hand, they consider the family an independent system; that is, the therapeutic progress of the user cannot be achieved without the progress of the family as well. However, at times, family conflicts are so great that they are beyond the program staff's capabilities. When this occurs in centers that have few resources, Proyecto Hombre works with other agencies that provide family therapy.

### **LABOR PROGRAM/ARIANE PROGRAM (PROGRAMA LABORAL)**

This program is similar to those used in other European countries. It is computer-based, and the goal of this program is to assist individuals who are entering the labor market. Objectives are to:

- Train high-risk individuals so they can develop personal resources and abilities required to enter the labor market, breaking the cycle of social and



employment exclusion;

- Help these individuals plan, organize, and effectively seek jobs suited to the current labor market;
- Encourage women who are drug users, inmates, former inmates, or those in any other high-risk situation to integrate into society by overcoming their personal, social, and work-related problems;
- Prepare these individuals to accept change and lifelong learning for personal growth; and
- Give disadvantaged individuals the skills, capacity, and knowledge to seek a job after a long period of inactivity.

### AFACES

The Association of Families of Proyecto Hombre (AFACES) is a separate group affiliated with Proyecto Hombre. It was established to work with PH to keep family members drug free, support activities that reduce drug use, provide volunteers, and provide support for PH.

### Data from the Memoria 2000 Report

The following section offers basic descriptions of a sample of individuals treated by Proyecto Hombre as reported in a compilation of its program statistics called *Memoria 2000*.

During the year 2000, PH of Madrid helped 1,642 persons through all of its programs and services. Of the 1,642 persons who attended Proyecto Hombre that year, 271 (16.5 percent) were female and 1371 (83.5 percent) were male.

The median age for clients receiving services in Madrid during these 12 months was 31.1 years; 28.9 years for females and 31.4 for males, as shown in **Table 1**.

**Table 1: Ages of Madrid Clients**

Age	Female		Male		Total	
	N	Percent	N	Percent	N	Percent
<14	0	0	4	0.3	4	0.2
15–19	28	10.3	60	4.4	88	5.4
20–24	34	12.6	143	10.4	177	10.8
25–29	81	29.9	308	22.5	389	23.7
30–34	73	26.9	416	30.3	489	29.8
35–39	43	15.9	267	19.5	310	18.9
>40	11	4.1	151	11.1	162	9.9
Unknown	1	0.4	22	1.6	23	1.4
<b>TOTAL</b>	<b>271</b>	<b>100</b>	<b>1,371</b>	<b>100</b>	<b>1,642</b>	<b>100</b>

In 2000, Proyecto Hombre clients were principally single persons (69.0 percent). Many Proyecto Hombre clients abandon their studies, on average, at age 16.1 years (females at an average age of 16.3 and males at an average age of 16.1 years). The main reasons for giving up on their schooling were that “they did not like to study,” the desire “to begin earning money,” and the “need to start working.” Table 2 indicates the reasons given by clients and it should be noted that 11 percent of clients surveyed declared that they abandoned their studies because they began using drugs.

**Table 2: Reasons for Dropping out of School: Madrid Clients**

Reason for Dropping Out	Female		Male		Total	
	N	Percent	N	Percent	N	Percent
Poor academic results	11	6.0	62	6.3	73	6.2
Did not like studying	37	20.2	246	24.9	283	24.1
Desire to begin earning money	22	12.0	207	20.9	229	19.5
Need to begin working	25	13.7	210	21.2	235	20.0
End of studies	15	8.2	29	2.9	44	3.9
Expulsion	7	3.8	24	2.4	31	2.6
Coming to Proyecto Hombre	0	0.0	2	0.2	2	0.2
Beginning contact with drugs	28	15.3	101	10.2	129	11.0
Other	38	20.8	109	11.0	147	12.5
<b>TOTAL</b>	<b>183</b>	<b>100</b>	<b>990</b>	<b>100</b>	<b>1173</b>	<b>100</b>

These data show the low academic levels of the persons surveyed. Approximately 75 percent had an academic level that would be described as basic or inferior; 32.4 percent had not finished the General Basic Education offered in Spain. Only 3.2 percent had attended any type of university studies.

Data on economic and work status were collected from 1,081 clients. At time of entry into the program, nearly 70 percent (69.2 percent) Proyecto Hombre clients were not working (including those who were unemployed, receiving pensions, in prison, on military service, or studying). Among those who did not work, 18.6 percent had a stable income (pensions or unemployment with Government support). About one quarter (25.8 percent) worked in one of the following capacities: without a specific schedule, autonomous work, in a family business, or with or without a contract.

Data regarding drug use was collected from 1,588 clients. The main drugs used by these PH clients were heroin and cocaine. Ninety-two percent used heroin or cocaine, alone or mixed; 67.4 percent mainly used heroin and 40.4 percent had mainly used cocaine.

Table 3 presents the number of clients who had attempted treatment before enrolling in Proyecto Hombre Madrid and those who attempted treatment more than once. More than 71 percent of these clients had not attempted treatment previously, while about 30 percent participated in another treatment program before coming to Proyecto Hombre.

**Table 3: Previous Treatment—Madrid Participants**

Number of Previous Treatment Episodes	Female		Male		Total	
	N	Percent	N	Percent	N	Percent
None	193	71.2	983	71.7	1176	71.6
1	58	21.4	260	19.0	318	19.4
2	13	4.8	73	5.3	86	5.2
3	2	0.7	34	2.5	36	2.2
4	4	1.5	12	0.9	16	1.0
5	1	0.4	7	0.5	8	0.5
6	0	0	2	0.2	2	0.1
<b>Total</b>	<b>271</b>	<b>100</b>	<b>1,371</b>	<b>100</b>	<b>1,642</b>	<b>100</b>

The data collected in this evaluation study reveals the absence of family support during the treatment of drug addicts. As shown in Table 4, only 39.8 percent of the persons treated within the year had the presence and support of their family at the time they decided to enter Proyecto Hombre.

**Table 4: Family Support—Madrid Participants**

Family Member	Female		Male		Total	
	N	Percent	N	Percent	N	Percent
Both parents	34	12.6	257	18.8	291	17.7
Mother	38	14.0	151	11.0	189	11.5
Father	1	0.4	11	0.8	12	0.7
Sibling	6	2.2	42	3.1	48	2.9
Spouse	2	0.7	59	4.3	61	3.7
Other relatives	7	2.6	45	3.3	52	3.2
<b>Total</b>	<b>88</b>	<b>13.5</b>	<b>565</b>	<b>86.5</b>	<b>653</b>	<b>39.8</b>

Table 5 presents the number of clients who attended each of the different modalities in the Madrid program, by gender.

**Table 5: Treatment Modalities—Madrid Participants**

Intervention Model	Female	Male	Total
Admission	5	37	42
Direct Community	10	52	62
Support Program	14	49	63
Day Program	2	50	52
Maintenance Program	13	34	47
Opioid Substitution	41	272	313
Traditional Program	17	62	79
Relapse Program	1	2	3
Prison Program	16	124	140
Methadone Support	2	24	26
Alternative Reinsertion	5	54	59
<b>Total</b>	<b>126</b>	<b>760</b>	<b>886</b>

## Focus Group with the Cocaine Recovery Group

The evaluation team held a focus group in April 2001 with a group of seven adult males and one adult female who were participating in the weekly cocaine recovery group. They had been in treatment for an average of 21.6 months and were in the final phases of the program. Table 6 summarizes the characteristics of the focus group participants.

**Table 6: Focus Group Participant Characteristics**

Gender	Age	Time in Program*	Previous Treatment**	Drugs Used and Age of First Use
Male	24	22m	1	Alcohol (16), Cocaine (20)
Male	27	24m	1	Alcohol (15), Cocaine (18)
Male	26	24m	1	Alcohol (12), Hashish (13), Cocaine (17)
Male	30	19m	1	Alcohol (17), Cocaine (27)
Female	28	27m	2	Alcohol (17), Hashish (18), Cocaine (21)
Male	29	19m	1	Alcohol (12), Cocaine (16)
Male	39	18m	1	Alcohol (16), Cocaine (21)
Male	41	20m	1	Alcohol (16), Cocaine (21)

\* Time in program in months

\*\*Number of previous times in treatment

The aspects of the program cited by the focus group as most helpful were the highly trained professional staff, support and understanding from others with the same problems, and family support. In addition, participants said they appreciated the program’s focus on introspection and personal change, rather than simply seeing drug use as the only problem. They also followed norms that taught them how “normal” people live, which many had never experienced before. Clients came to take responsibility for the problems they had caused for themselves and others. They discussed problems that they had never discussed before and had kept “bottled up inside.” These individuals overwhelmingly stated that treatment was working and they would recommend the program to a friend in need of help.

### Summary of Staff Interviews

Staff members reported that Proyecto Hombre had a good reputation among those familiar with it. Interview respondents rated group therapy, drug and alcohol education, and family therapy groups as extremely important in helping clients succeed. Other aspects of PH that the staff praised were the hospitable environment, the structure and limits of the program, the strength of the clients individually and as a group, and unconditional love.

*All staff members identified useful incentives in the TC at Proyecto Hombre. Such motivators and incentives include feedback from other members in group therapy sessions; hierarchy of roles; increasing responsibility through the structure of the program; flexibility with respect to norms; an increase in freedom in decisionmaking movement; and better organization of free time.*

---

Staff members provided the following reasons why clients leave the program before completing it: lack of internal motivation, desire to continue drug use, unwillingness to change lifestyle, decision to start work, and lack of contact with family.

## Summary of Client Interviews

Three clients were interviewed in-depth, two from Spain, and one from Venezuela. Both Spanish clients had used alcohol, cocaine, cannabis, and opiates or analgesics. One also had used barbiturates and the other had used hallucinogens and inhalants. In line with Proyecto Hombre's approach to treatment, all admissions were voluntary. The Venezuelan client decided to stop using drugs and searched for a program that provided long-term care away from home. The structure of Proyecto Hombre's program and the results were to his liking. One of the Spanish clients knew he needed help with his addiction, and after three other treatment attempts, he entered the program after receiving an ultimatum from his family. The other Spanish client had been treated once before. He entered PH to achieve freedom from drugs for the benefit of his family and for the chance it gave him to return to his wife.

*Clients felt that the program at Proyecto Hombre made a difference in the community, as it helped drug addicts face important issues, channel feelings, gain a sense of responsibility, and learn to give help and receive it. Clients rated the program as excellent and would recommend it to a friend based on their experiences.*

Both Spanish clients considered the group therapy services extremely helpful. Family therapy, health education, and vocational rehabilitation were considered either extremely helpful or somewhat helpful by these two clients. Also considered somewhat helpful by the Spanish clients were the following services: individual counseling, basic education, and drug and alcohol education. No services were considered "not helpful" by the clients interviewed.

The Venezuelan client found it especially helpful to live with other people who had similar problems. One Spanish client said that "groups and norms" helped him lose shame, become more open, and gain a sense of order and responsibility. The other Spanish client appreciated the "norms" program, as it helped him change his attitudes in a positive way. He also found it helpful that he could trust many of the therapists.

## Summary of Family Interviews

The family members interviewed were mothers of sons who had attended Proyecto Hombre for 1 to 2 years. The mothers' ages ranged from 49 to 61 years. Their sons

---

attended Proyecto Hombre for various reasons. Some entered due to their respect for those recommending it. Others entered based on strong encouragement—or ultimatums—from their parents. The mothers reported that their sons were admitted quickly, and without being put on a waiting list. All mothers interviewed were

*Positive results of treatment described by the mothers included acquisition of new values, greater trustworthiness, newfound hope, demystification of the drug problem, improved relationships and communication between mother and son, and increased happiness for parents and other family members.*

involved in their sons' treatments in some way, either through communication with the therapist and/or through followup as the therapists advised. All mothers felt that PH had made a difference in their sons' lives and sometimes in their own lives and in those of other family members.

All mothers indicated high satisfaction with the program, with no suggestions for further improvement. Two aspects of the program especially favored by the mothers were the professional treatment of and the support given to parents, specifically in the self-help groups. All mothers rated the program at Proyecto Hombre as excellent, and said they would recommend it to another friend or family member because of their own positive experience (Memoria 2000).

## Key Findings

Key findings from Danya's site visit to Spain include:


- Since 1984, Proyecto Hombre Madrid has treated more than 5,000 clients and successfully reinserted 1,300 of them back into society.
- The Therapeutic Intervention Model used in Proyecto Hombre's program consists of a series of phases in the rehabilitation process that address personal needs, family support, social and cultural components, training and labor venues, medical and health education and support, and legal and penal system issues.
- PH has programs for clients in the criminal justice system that provide treatment for 55 percent of justice-involved clients in the Madrid area. At any given time, more than 1,100 people are in some phase of this program.
- Proyecto Hombre recognizes the need for each of its sites to be responsive to community and regional needs, and this information is used to shape each program and its services. The centers in each city are independent, allowing for maximum flexibility, although they must follow the philosophy and basic structure set forth by the Proyecto Hombre Association.

## PROMISING PRACTICES: SPAIN

---

The Danya site visit team identified the following promising practices at the organizational or structural level of Proyecto Hombre's programs:

- The use of volunteers for many tasks adds a vital dimension to Proyecto Hombre's success. Volunteers are matched to the proper program and provide critical services, such as accounting, information technology support, training, and educational services. They also serve as role models for the clients and their families.
- The commitment of the volunteers was evident in all the centers visited. Volunteers initially receive 25 hours of training, which covers topics such as PH philosophy, volunteer responsibilities, group work, and advice on relationships with patients. They receive additional in-house training twice a year and an option to receive outside training on specific issues, as appropriate.
- The involvement of the family is critically important to the success of the Proyecto Hombre program, despite the age of the client. The family is most involved in Phase 1. During this time, they must ensure that someone is with the client at all times when he or she is outside of the center.
- The use of self-help groups with families and recovering individuals is essential to the program. These groups are not to be confused with 12-step groups that are common in the United States, such as Alcoholics Anonymous or Narcotics Anonymous, which were never mentioned by anyone on the Proyecto Hombre staff.
- The Reinsertion phase, with its emphasis on teaching specific abilities and social skills, including vocational training, is another strength of the overall program. A CD-ROM is being developed that will contain the entire vocational training program and provide lesson plans with specific activities. This impressive effort has multiple components and can be used with a wide variety of clients.
- At all of the centers visited by the evaluation team, the staff members were extremely dedicated and completely committed to both the clients and the program philosophy. The strong esprit de corps of the staff seemed to enhance the therapeutic environment. Many of the staff members started as volunteers.
- Proyecto Hombre provides a judgment-free, accepting environment for clients and families. This focus on acceptance makes the environment comfortable and open.
- All decisions concerning clients are made by a team of staff members. Daily team meetings are held in the morning. These meetings allow for open communication among the staff and support the sense of common purpose and commitment evident at each center.

- 
- The program recognizes the need for each of the sites to be responsive to community and regional needs. These needs, as well as changes that take place over time, are taken into consideration and are used to shape each site's program and services. The centers in each city are independent, allowing for maximum flexibility, although they must adhere to the philosophy and basic structure set forth by the Proyecto Hombre Association.
  - There is a strong interest in evaluating the outcomes at the centers. Proyecto Hombre formed an evaluation committee to develop a set of common indicators and data systems across the entire program. The goals of the evaluation process are to: (1) have an objective evaluation process guided by an outside third party (the University of Madrid), and (2) provide feedback to improve the programs and services offered. The committee Chair works with faculty members at the University of Madrid to design the system and provide data collection assistance. At the time of the site visit, the committee had completed the outcome indicators for Phase 1.

# CONCLUSIONS: THE PROYECTO HOMBRE PROGRAM

---

Proyecto Hombre provides a judgment-free environment for clients in recovery and their families. Some locations, such as Madrid, demonstrated a greater breadth of programs and measurable success; however, all of the programs visited demonstrated promising practices consistent with the PH philosophy and its initiative to grow. The evaluation team did not identify any immediate issues or pressing problems inherent in the programs visited.

Perhaps the most notable promising practice observed in all program sites was Phase 3, the Reinsertion phase. Its emphasis on teaching specific life skills and social skills, as well as providing vocational training, was key to clients' successful reintegration into society. Additional credit for Proyecto Hombre's success across all programs and phases is accounted for, in large part, by significant family involvement, active volunteers, dedicated staff, and a priority on client contact.







## BACKGROUND: SLOVENIA

Slovenia declared its independence from Yugoslavia in 1991. Since that time, it has moved rapidly and dramatically to re-establish its own identity as a country and a people. The people of Slovenia regard their independence with great pride, which has generated an attitude that people should not be told what to do or how to behave. This has led to a culture within the drug treatment and prevention system that believes the needs and rights of the individual should be respected. People can be encouraged to behave in more constructive and less harmful ways, but they should not be forced or told to do so. This is especially true for the use of alcohol, which has a long history of acceptable use within the country. Therefore, the message of the treatment and prevention programs has been to promote responsible use, minimize harm, and respect the rights of the individual.



Service providers and official studies report that the use of illicit drugs, especially among youth, has steadily increased since Slovenian independence. The use of designer drugs—especially ecstasy, which is consumed primarily by youth and young adult populations—is rising rapidly. Estimates of the numbers of addicts, some of them based on university-sponsored studies, are from 6,000 to 7,000. Regardless of numbers, the drug problem has stimulated public attention and debate over treatment and prevention approaches, and it has led to the implementation of nearly 100 drug-related programs during the past decade.

Slovenia has a strong tradition of prioritizing public and social health issues. Informal conversations occasionally pointed to significant political-economic challenges that must be addressed in the future, but it was obvious to evaluators that the country enjoys a stable political environment. This environment will allow for a stronger system of public health services, including alcohol and drug treatment and prevention. Despite some funding problems for drug-related services, attention to drug abuse issues has not been lost in concerns about the economic environment. In fact, many of the service providers interviewed projected an optimistic outlook about their work and the ability to care for clients in the future.

# DESCRIPTION OF PROGRAMS VISITED: SLOVENIA

## Program Summary: Project Man

Founded in Ljubljana, Slovenia, in 1995, Project Man (known as Association Project Clovek in Slovenia) is an intensive treatment program, referred to as “high threshold,” that lasts for a period of 2 years or more. The program consists of the following structured phases:

- Preparation Phase;
- Day Care Phase;
- Residential Therapeutic Community Phase; and
- Reintegration Phase.

*The program is based on the Project Man programs in Italy, Spain, and other European countries. The founders and many of the staff members received their training and supervision from Project Man programs in Italy.*

The program also includes a “Parallel Track” that offers educational and therapeutic group sessions for parents and/or significant others.

Project Man was originally based on two Italian high-threshold programs: Comunita' Incontro and Centro Italiano di Soldarita. The founders of Project Man received training as part of a 6-year initiative in Italy that was a collaboration between the U.S. Department of State Bureau for International Narcotics and Law Enforcement Affairs (INL) and the United Nations International Drug Control Program (UNDCP).

Approximately 80 to 100 clients are enrolled in the program across the phases and up to 150 of their family members are involved. The overall goal for clients is complete abstinence from drugs and healthy reintegration into the family and community.

Twenty-five to thirty percent of clients who apply are accepted into the program. Those with co-occurring psychiatric problems are generally excluded (although one or two may be accepted for every group of 20 participants). The age of clients ranges from 20 to 35, and the average age is 25. Approximately 70 percent of the clients are male and 30 percent are female. Most clients have a history of heroin use, as well as other drugs, including alcohol and tobacco. Clients must not be using methadone at the time of admission.

## Program Objectives

Project Man program objectives were described as follows:

- Provide a phased program, beginning with highly structured and closely supervised activities, that will help the client learn and internalize more appropriate social roles and norms, leading to more independence and autonomy without the need for drugs;

- 
- Readjust family relationships and roles away from dysfunction, conflict, and over-dependence to more appropriate and functional roles with better communication, greater mutual respect, and healthy interdependence; and
  - Identify the needs and conflicts of each individual and assist them in: resolving internal conflicts, learning how to deal with everyday problems, strengthening values and self-confidence, and attaining abstinence from drugs.

## Staffing

The program has approximately 19 full-time equivalent staff members. The President of the Association Project Man, Bogdan Polajner, PhD, oversees all phases of the program. Staff skills include social work; special education; recreational therapy; and individual, group, and family therapy. Some of these individuals are former addicts who have successfully graduated from the program. Program Directors are sometimes referred to as “operators.”

All staff members and volunteers are trained in the specific philosophy and strategies of Project Man. As a result, they are extremely dedicated to their work and committed to the clients and the philosophy of the program. They receive extensive training and supervision in the program model, which creates consistency in the delivery of services. The program also has many volunteers, including parents of successful graduates.

*There are Program Directors for each of the primary locations—Receiving Center/Day Care, TC, and Reintegration—and most are psychologists who serve as therapists. An average of 15 individuals serve as counselors.*

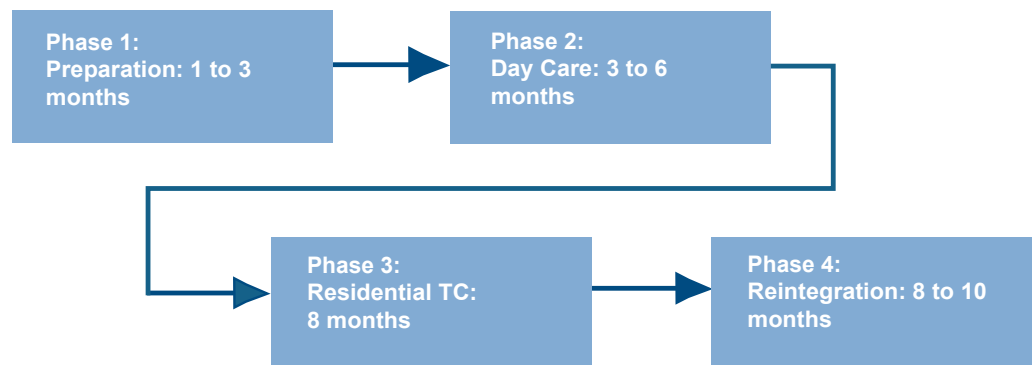
## Services

Intake occurs at the Receiving Center in Central Ljubljana. Anywhere from 5 to 15 new clients are admitted per month. Potential clients and their family members and/or significant others engage in a rigorous interview process that challenges their level of commitment to recovery and abstinence. This process is called the Preparation phase of the program. Prospective clients and family members are informed of the intensive participation requirements in each phase, and they must demonstrate a willingness to commit to those requirements. For clients, this means approximately 2 years in treatment. For parents and significant others, it means weekly participation in regular family educational and therapeutic groups during the initial phases, and at least monthly participation throughout the client’s stay in the program. They also must agree to transport the client to treatment and stay with him or her in the evenings and on weekends during the Day Care phase.

As part of the Parallel Track, parents and/or significant others have group sessions to help them separate from the addict psychologically, identify and discontinue enabling behaviors, and learn better communication skills within the family. One parent described this process as “very difficult at first, but as the client progresses through each phase, it is experienced as a success and progress for the family also.”

The four phases of Project Man are depicted below in **Figure 4** and described in detail in the following paragraphs.

**Figure 4: Phases of Project Man**



- **Preparation Phase.** This phase generally lasts 1 to 3 months. It consists of a series of assessment interviews and participation in separate educational groups for clients and family members..
- **Day Care Phase.** This phase generally lasts from 3 to 6 months, but varies according to the needs of the individual client. Services include urine testing; individual, group, and family counseling; participation in educational groups; and participation in weekly parallel psycho-educational groups for family members. Parents and/or significant others are required to transport clients to the program at 8:00 a.m., pick them up at 5:00 p.m., and be with them at all times outside of these hours. The daily program is highly structured with group and individual counseling and educational activities, as well as work activities, such as cleaning the facility.

During this phase, client counseling primarily focuses on the “here and now” of daily living, adjustment to the program’s structure, abstinence, learning to communicate better with family members, and preparation for the residential phase. Family group counseling sessions focus on gaining a better understanding of addiction and structuring the family environment to appropriately support the client.

- 
- **Residential Therapeutic Community Phase.** This phase generally lasts 8 months. The TC facility is located in an isolated, rural area and approximately 20 clients reside there at any given time. During the first 4 months, clients do not leave the TC facility, with the exceptions of medical appointments and group activities. After 4 months, clients have family-supervised weekend home visits.

Activities in this phase are highly structured. They include educational, therapeutic, recreational, and work activities. Services provided include individual counseling and frequent group sessions. The therapeutic process focuses on learning to communicate and live effectively with other residents and an introspective process of examining the underlying emotional conflicts that have contributed to the client's addiction problem. Intervention strategies include a variety of intensive and provocative therapies, including bonding (physical holding), new identity processing, Gestalt therapy, and Rogerian therapy.

*The Residential TC Phase includes a focus on learning to communicate and live effectively with other residents and on an in-depth, introspective process of examining the underlying emotional conflicts that contributed to addiction.*

Parents and significant others continue to have separate group sessions at least once per month. These sessions help parents and

significant others separate from the addict psychologically, identify and discontinue enabling behavior, and learn better communication skills within the family. Medical services are available as needed outside the facility.

- **Reintegration Phase.** This final phase may last from 8 to 10 months. The overall goal is to reintegrate the client into the family and community as a drug-free, productive, and independent adult. Complete abstinence is expected, although occasional, moderate alcohol use is permitted. This phase is divided into three sub-phases. During sub-phase I (the first few months), clients participate in structured individual activities under program supervision for 6 to 7 hours per day, 5 days per week. This includes job counseling, individual, and group sessions, group sport and cultural activities, and volunteer activities. During sub-phase II, clients are expected to begin employment or enroll in school. If they do not, they are asked to participate in volunteer activities. Individual counseling continues once every other week, and group counseling continues twice weekly. The third, and final, sub-phase is focused on separation from the program and less intensive counseling. Throughout this phase, parents and/or significant others continue to meet in separate parallel sessions once a month. Family therapy with the client is provided as needed. At the end of the program, a graduation ceremony includes the awarding of certificates and a celebration.

---

During the Residential TC and Reintegration phases, the Parallel Track for the parents and significant others continues, but is less frequent. The focus is on establishing relations based on appropriate roles and learning to communicate adult-to-adult.

## Funding

One of the biggest challenges for this program is funding services delivered at such a high level of intensity. National Health Insurance does not cover the cost of this treatment program. Primary funding, approximately 65 percent, comes from the Ministry of Labor, Family, and Social Affairs; clients or their families pay approximately 20 to 25 percent (which is partially covered by social insurance in some cases); and the remaining 10 to 15 percent is paid from a Government lottery foundation and other donations. Since the services are not covered by health insurance, there is a continual need to seek funding support for the program. In addition, the cost to individuals and families is a substantial financial burden in most instances.

## Key Findings

Key findings concerning Project Man include the following:

- It was estimated that the completion rate for Project Man, the county's predominant drug abuse treatment program, was approximately 80 percent. Clients in the program were committed to abstinence and the therapeutic process, which helped clients build self-confidence and interpersonal communication skills and resulted in less underlying emotional conflict.
- Project Man requires an enormous amount of time, commitment, and energy on the part of the addict, their family members, and/or their significant other(s). The project utilizes a parallel educational and therapeutic process that helps the family provide a more supportive home environment with less conflict, and facilitates the therapeutic process for the client. Numerous staff members and patients reported that the involvement of families or significant others had a positive—and in some cases, crucial—effect on recovery.

*The fact that many of those currently in leadership positions in alcohol and drug prevention and treatment programs received training through the U.S. State Department is evidence of a stable base of alcohol and drug treatment professionals in Slovenia's service delivery system.*

- The parent/family sessions help families overcome excessive guilt related to the client’s addiction and harmful behavior while helping them accept appropriate responsibility within the family. Family members have expressed that they experience a feeling of success as the client progresses through each phase of the program.
- It was estimated that the rate of completion was approximately 80 percent, although there were no objective data available on retention or outcomes. Clients who remained in the program were clearly committed to the goal of abstinence and the therapeutic process of the program. The process appeared to be helpful to clients in alleviating underlying emotional conflict and in building greater self-confidence and self-esteem, better interpersonal communication skills, and a stronger moral character.
- Recently, a survey of 32 clients currently in treatment was conducted. Each client had used multiple drugs, including heroin, cocaine, marijuana, methadone, and alcohol. Their “other drug” use included barbiturates, sedatives, and hallucinogens such as ecstasy. When asked the question “Overall, how would you rate this program in terms of helping you with your drug problems?” they rated Project Man as shown in Table 7.

**Table 7: Client Ratings—Project Man**

Rating	Number	Percent
<i>Excellent</i>	<b>13</b>	<b>41%</b>
<i>Good</i>	<b>17</b>	<b>53%</b>
<i>Fair</i>	<b>2</b>	<b>6%</b>
<i>Poor</i>	<b>0</b>	<b>0%</b>
<b>TOTAL</b>	<b>32</b>	<b>100%</b>

- Of 32 clients, 31 reported heroin as the primary drug problem, and one reported cocaine. The average age of these clients was 24, two-thirds were male, and they had been in the program for an average of 7 months. The average age at which they reported initiating drug use was 14.
- This is a viable treatment program that can have enormous benefits to individuals, families, and society, especially if it is better integrated into the treatment system covered by the national health or social insurance programs.

## Summary of Other Programs Visited

### DETOXIFICATION CENTER AND METHADONE NETWORK, MEDICAL SCHOOL STATE PSYCHIATRIC CENTER

Housed in a special ground-floor wing of the State Psychiatric Facility, the center offers detoxification services, individual and group therapy, and methadone maintenance. It also offers help for female abuse victims. Described as high-threshold, the program's admission process is protracted over a 2- to 3-month period. Individuals must come to the outpatient or induction component to participate in counseling groups and individual sessions, and a spouse, parent, or a significant other must accompany them.

The inpatient daily schedule is highly structured, but it includes activities that are varied according to the day of the week. For example, each morning's activities are scheduled as follows: On Monday, there is a musical activity using mostly classical music; on Tuesday, group therapy; Wednesday is for psychodrama or individual therapy; Thursday's activity is life group sessions; on Friday, problem-solving activities take place; and on Saturday, focus groups, centering on a variety of issues, are conducted. In the afternoon, individuals may participate in art and drawing, physical therapy and exercise in the gymnasium, relaxation therapy, individual therapy, or life-skill sessions with social workers.

### THE DIANOVA PROGRAM

Dianova helps drug abusers and persons who are vulnerable to drug abuse. The program is linked to an international system of rehabilitation programs formerly known as Le Patriarche. Dianova's goals are to help addicts to give up drugs, promote reintegration to society, and conduct educational programs dedicated to the prevention of drug abuse.

In the first stage, Pre-Admission, a candidate is assessed to ascertain their fit within Dianova's therapeutic philosophy. The second stage, Detoxification, is characterized by detoxification and integration into the program's social context. During the third stage, Rehabilitation, the person's risk factors for relapse are assessed and natural protections that will later help neutralize these risks are identified and reinforced. Interactions with other residents and family members are important parts of this phase of treatment. The final phase, Pre-Insertion, attempts to give the person practical means for reintegration into society once the program has been completed.

*There are four stages in the Dianova therapeutic model:*

- Pre-Admission;
- Detoxification;
- Rehabilitation; and
- Pre-Insertion.

---

Dianova clients are sent to one of several countries outside Slovenia, based on the belief that foreign residency is the best way to secure retention in treatment. Thus, the client could receive treatment in Spain, Portugal, Belgium, Germany, Holland, or even the United States. A similar center recently opened in New York City.

### ALTERNATIVE THERAPEUTIC COMMUNITY FOR RADICAL PSYCHOTHERAPY AND PERSONAL TRANSFORMATION

Headed by controversial psychiatrist Janez Rugelj, this TC operates a highly rigid therapy that the director calls “Radical Psychotherapy and Personal Transformation.”

*In addition to counseling and participation in meetings, all members must read 150 books, write biographies, and prepare written reactions to other inhabitants. They must jog daily and prepare for an annual 30-kilometer race. They must also complete two mountain hikes and scale one mountain peak.*

The program treats alcoholics and those with other drug, sex, or gambling addictions. However, most clients—about 75 percent—are treated for relationship or partnership problems. The first phase of treatment lasts for 3 years, and the second phase can last as long as 7 years. The second stage involves “giving back to the community” and resocializing into the mainstream community. Part of the Alternative TC’s ideology is that people are intrinsically lazy, and an important part of therapy is overcoming laziness through rigorous

intellectual and physical tests. Addiction is seen as a combination of immaturity and asocial behaviors.

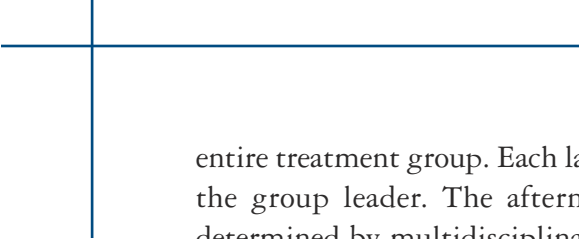
Five clusters of clients consisting of 20 to 30 members convene for three to four meetings each month, with some sessions lasting up to 5 hours. A monthly community meeting that lasts 4 hours or more is also held.

All residents undergo an annual water fast lasting 8 to 16 days. While in the program, no medical services or medications are permitted.

### UNIVERSITY PSYCHIATRIC HOSPITAL, ALCOHOLISM TREATMENT UNIT

The Alcoholism Treatment Unit is a Government/medical school-based treatment program that principally serves alcoholics. Other addiction disorders, such as gambling and co-occurring disorders, may also be addressed. The unit is well staffed with highly trained professionals.

Inpatient treatment takes place during a 5-week period, which includes a refinement of the diagnosis. During this time, the daily program includes a morning run involving the



entire treatment group. Each large group is accompanied by one staff member serving as the group leader. The afternoon is filled with various treatment components, as determined by multidisciplinary staff members. Using staff expertise to match patient needs, case conferences are held with specific therapists. Examples of approaches offered are psychodynamic therapy, cognitive behavioral therapy, psychodrama, and art therapy.

All patients are carefully monitored in the day clinic component, which lasts from 6 to 8 weeks, and sometimes longer. Here, they are introduced to Alcoholics Anonymous, then later to long-term outpatient psychotherapy. Government health insurance pays for both in- and outpatient treatment.

### PROJECT PELICAN

Project Pelican was originally a volunteer association that formed a nongovernmental organization in 1991. A strength of this organization is an admissions process focused on client readiness for long-term residential treatment.

There are four phases in Project Pelican. Phase 1 is the initial visit, during which data are gathered and the details of the program are explained to clients, parents, and/or significant others. At this point, no commitment is requested; in fact, assessors insist the client return after 1 week with a firm decision.

If there is a positive resolution about entering the program, Phase 2 preparation begins, which consists of one-on-one counseling sessions and group meetings. This continues for 3 weeks to 6 months.

Phase 3 follows with more one-on-one counseling sessions and group meetings. Clients are immersed in the program Monday through Friday, but they spend weekends at home. Sometimes, this phase can take 3 to 6 weeks or longer.

Phase 4 involves the TC component, comprised of four small houses scattered throughout Slovenia that host 8 to 10 people. In some cases, patients are sent to Italy. This component runs from 24 to 30 months. Staff members visit these units no less than once a week. Otherwise, clients essentially live without staff supervision.

After Phase 4 ends, clients may stay in touch with program staff, but there is no organized re-entry process or aftercare component. Project Pelican heavily emphasizes independence.

*Throughout treatment, family members are expected to visit at least once every other week. This treatment model also teams a different priest or Catholic Order Brother with each of the TCs.*

---

## CENTER FOR THE PREVENTION AND TREATMENT OF DRUG ADDICTION (METHADONE TREATMENT CENTER OF LJUBLJANA)

All of the patients in this facility have used heroin, virtually all use tobacco, most drink alcohol and smoke marijuana, and many have used a variety of other drugs, including cocaine and hallucinogens. Almost all of the patients have a history of intravenous drug use. Individual counseling is provided only when requested, but it is not a regular part of the program. Group counseling is not available at this facility. Family counseling is limited to a select few patients. Educational groups are offered from time to time, depending on the patient's interests and the availability of the physicians. Medical services for evaluation, consultation, and referral are available. Urine testing is conducted sporadically.

*One of the major strengths of this program is the acceptance of all patients in their stage of addiction and stage of life. The individual patient is seen as a person for whom addiction is a medical problem, without judgmental or critical attitudes.*

Another strength is the dedication and commitment of the staff. There is an extensive range of medical staff and services available to address medical problems. The clinicians possess a strong knowledge of methadone use in the treatment of heroin addiction.

### PROJECT STIGMA

Founded as “Association Stigma” by a group of social service and health professionals, drug users, and program volunteers, this program is an NGO dedicated to harm reduction, with advocacy for harm reduction policies and programs at its core. Project Stigma’s nonjudgmental philosophy emphasizes the prevention of needle sharing under any circumstances. At present, services include:

- A needle exchange program;
- A drop-in center for drug users;
- An outreach program to reach hidden intravenous drug users in Ljubljana;
- A help-line service to provide information and help on drugs, AIDS, and safe sex;
- On-site counseling for drug users;
- “Project Expertise,” a political action effort to advocate for policies and programs that respond to the health needs of drug users; and
- Training and lecture programs for individuals interested in harm reduction policy and practice.

## COUNTRYWIDE ALCOHOL ABUSE PREVENTION PROGRAM

### Z GLAVO NA ZABAVO (KEEP YOUR HEAD COOL WHILE HAVING FUN)

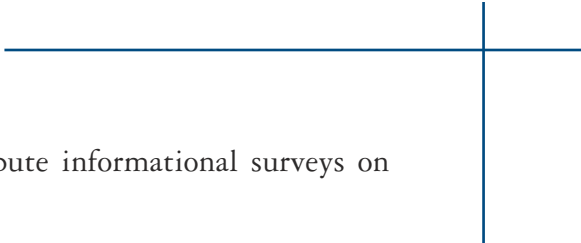
This site visit was conducted at a prevention program rather than a treatment program. Z Glavo na Zabavo was considered interesting because it appeared to be a very promising program for the prevention of alcohol abuse and alcoholism among young people. The Z Glavo na Zabavo foundation was formed in 2001 in response to growing concern about excessive and dangerous alcohol use among young people in Slovenia. Alcohol has long been a cultural symbol of enjoyment and fun in Slovenia, and there is a high rate of adult alcohol consumption. The foundation was established to provide primary prevention activities in places where young people meet to have fun (popular bars, concerts, disco clubs, and various public events) in connection with a comprehensive media strategy. Project activities are built on the promotion of positive

*In addition to holding events to promote responsible alcohol use, leaders of the Z Glavo na Zabavo program have also contributed to the drafting of new legislation on alcohol control for Slovenia. Z Glavo na Zabavo has been successful in attracting the support of celebrities, musicians, politicians, and other leaders, and has generated numerous positive newspaper, magazine, and broadcast media stories about the program.*

values, with messages adapted to suit the needs of youth. The program also works in collaboration with corporate sponsors and Government agencies to reach out to young children and families in shopping malls and other public areas to promote the message of responsible alcohol use, as well as driver and traffic safety.

The program was founded and is operated by Sas Kravos, who assembled a group of 15 board members representing leaders from the scientific, medical, university, corporate, and government communities. The project hires dozens of young people to help in the planning and implementation of parties and other events. These young people are paid well for their participation, trained, closely supervised, and given specific instructions for carrying out the goals and objectives of the prevention and promotional activities.

Project staff, primarily young people, set up promotional materials and activities at various events and locations where alcohol is consumed. The intent is to promote the consumption of non-alcoholic drinks, such as fruit juices, using various kinds of entertainment and attractive prizes that range from T-shirts, hats, and backpacks to large prizes, offered in a final drawing, such as adventure trips and on occasion, trips outside the country. To be eligible to win prizes, partygoers must prove their sobriety by passing an alcohol breath test, usually toward the end of the party (around 2:00 a.m.). Bar owners reported that during these promotional events, young people have consumed as much as 50 percent more non-alcoholic beverages and 30 percent fewer



alcoholic beverages. Young staff members also distribute informational surveys on alcohol consumption and attitudes toward alcohol use.

When program activities are carried out at shopping malls or other public places where alcohol is not served, the primary goal is to inform young children and families about responsible alcohol use among young people (teens and young adults) and to promote alternative beverage consumption. The program usually provides entertainment, such as music, magic shows, and games, and contests are held for prizes. Participants must complete informational surveys to be eligible for the prizes.

Another goal of the program is to obtain as much publicity as possible to promote the message of responsible alcohol use and to change the social norm in Slovenian society that unlimited alcohol consumption is a “cool” thing. The program uses the Internet by promoting an engaging Website that lists upcoming Z Glavo na Zabavo events and activities. Emphasis is placed on the concept of branding the Z Glavo na Zabavo message and logo to influence social norms.

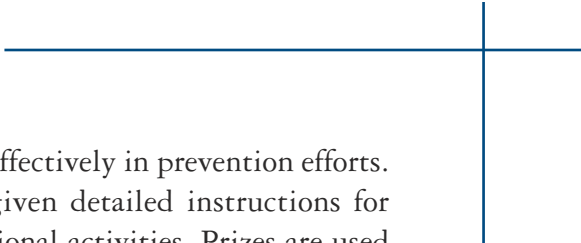
## PROMISING PRACTICES: SLOVENIA

The following promising practices were identified during the evaluation site visit and reflect the strengths of Project Man:

- Project Man requires extensive family involvement and works with family members and/or significant others employing a systematic and structured psycho-educational process.
- Family members and/or significant others are required to provide close supervision of the client in the initial stages of the program. They also are required to attend separate group educational sessions designed specifically for parents and significant others. In these sessions, education is provided about the addiction process and the role that the family members/significant others can play in either helping or hindering the recovery process.
- Project Man provides a 2-year, structured, phased therapeutic model that includes Preparation, Day Care, Residential TC, and Reintegration phases with established goals for each phase. The model guides the clients through a stabilizing psychological process that helps them gain more effective interpersonal communication skills and awareness of underlying experiences, issues, needs and conflicts that perpetuated the addiction. They are gradually reintegrated into family and community environments in a more effective, independent, and harmonious way—without dependency on drugs.
- Throughout the treatment process, there is a strong emphasis on meeting the individual needs of each client. Individual treatment plans and goals are tracked and monitored during each phase of treatment.
- Throughout the phases, each client has an identified counselor or staff mentor who comes to know the client in-depth. Ongoing assessments and evaluations are conducted for each client.
- The therapeutic process seems to result in confidence and self-esteem, better interpersonal communication skills, less underlying emotional conflict, and stronger moral character.

Promising practices for other programs visited include:

- Z Glavo na Zabavo events that promote the consumption of nonalcoholic beverages resulted in patrons consuming as much as 50 percent more nonalcoholic beverages and 30 percent fewer alcoholic beverages.
- Z Glavo na Zabavo has been successful in attracting the support of celebrities, musicians, politicians, and other leaders, which has helped them generate numerous positive newspaper, magazine, and broadcast media stories about the program.

- 
- Z Glavo na Zabavo employs young people very effectively in prevention efforts. They are trained and closely supervised and given detailed instructions for carrying out the goals and objectives of promotional activities. Prizes are used as incentives for drinking nonalcoholic beverages instead of alcoholic beverages, with impressive results. Modern music, entertainment, symbols, and language engage and influence youth without preaching or lecturing.
  - Dianova clients are sent to one of several countries outside Slovenia, with the belief that foreign residency is the best way to secure retention in treatment. Thus, the client may receive treatment in Spain, Portugal, Belgium, Germany, Holland, or even the United States.
  - At the Center for the Prevention and Treatment of Drug Addiction, one of the major strengths is the acceptance of each patient in their stage of addiction and in life. The individual patient is seen as a person for whom addiction is a medical problem, without judgmental or critical attitudes.

## CONCLUSIONS: SLOVENIA'S COMMITMENT TO PUBLIC HEALTH

Slovenia's social and political stability allows for a strong system of public health services, including alcohol and drug treatment and prevention. The fact that many of those currently in leadership positions in alcohol and drug treatment programs received training through the U.S. State Department is evidence of a stable base of professionals in Slovenia's service delivery system.

Project Man uses a structured, phased therapeutic model that includes extensive family involvement and customized treatments designed to meet the needs of each individual client. Key to this strategy is a well-trained, dedicated staff that is committed to the clients and the philosophy of the program.

The Z Glavo na Zabavo program appears to be a very promising program for the prevention of alcohol abuse and alcoholism among young people. It utilizes a combination of environmental strategies, including influencing the environment in which alcohol is consumed, changing social norms through mass media, and influencing legislation and social policy.

All programs visited provided evidence that Slovenia has a strong tradition of prioritizing public and social health issues. Informal conversations occasionally pointed to significant political-economic challenges that must be addressed in the future, but it was obvious to the evaluators that the country enjoys a stable political environment. This environment will allow for a stronger system of public health services, including an increased emphasis on alcohol and drug treatment and prevention.





## BACKGROUND: ITALY

Italy is located at the southern tip of Europe, and with 57.8 million people, it has the fifth largest population density in Europe. The Italian mainland is a peninsula bordered by five countries (France, Monaco, Switzerland, Austria, and Slovenia) and four seas (Mediterranean, Tyrrhenian, Ionian, and Adriatic).



The islands of Sardinia and Sicily add to Italy's diverse geography. Because of its proximity to other countries, the 8,500 kilometers of coastline, and organized criminal activity, Italy has become a center for illicit drug trade. The Central Intelligence Agency (CIA) reports that Italy is a gateway for Latin American cocaine and Southwest Asian heroin entering the European market. Italians also consume both drugs. Trucks are known to drive the "Balkan route" from Turkey, Greece, and the former Yugoslavian republics to other European countries using boat connections in the Italian Mediterranean and Adriatic coasts (CIA 2003).

Italy is divided into 20 regions, and in 2000, each region became fully responsible for its own health care matters, yet can refer to a Standing Conference for Relations Between the State and the Self-Governing Provinces for coordination and advice. Each region also determines its own drug abuse treatment and prevention accreditation services and evaluation activities. Italy's Drugs Monitoring Center and the Consultative Council, made up of 70 experts working in drug-related fields acts as an advisory board for the country (EMCDDA 2003).

The Ministry of Health collects national data on the activities of drug treatment programs twice a year. The data set is defined by national regulation and provides information about clients in treatment and specific treatment services. Recent findings from this data collection effort can be found in Table 8 (EMCDDA 2002).

**Table 8: Drug Users in Treatment in Italy by Year**

	1991	1992	1993	1994	1995
Male	77904	87715	88507	96016	104635
Female	14949	16090	16235	17629	19193

	1996	1997	1998	1999	2000
Male	110791	118867	118798	122934	127303
Female	19093	19351	18859	19717	19843

*Source: Ministry of Health, Health Information System*

---

Overall, drug use in Italy is substantial. In 2001, approximately 200,000 individuals were using heroin, an equal number used marijuana, and up to 5.3 million people used hashish. The use of designer drugs, ecstasy (MDMA) in particular, is on the rise; 2001 estimates cite up to 20,000 ecstasy consumers (USIS 2001; CIA 2003).


Drug use is also a problem among Italy's prison inmates. The EMCDDA estimates that in the European Union (EU) there are 180,000 to 600,000 drug users in prisons each year. Italy is one of only four countries in the EU in which prison health care matters are the responsibility of the Ministry of Health, as opposed to the Ministry of Justice (Birchard 2001).

As is the case in many other countries, Italy's drug-related laws and decisions are highly politicized. Drug policy became a major focus of the Government elected in 2001, which quickly established the Drug Policy National Department. It is under the direct authority of the Prime Minister and, rather than using a strategy based on harm reduction, its policies emphasize the promotion of abstinence, full rehabilitation, and a drug-free life.

*The Italian Government cooperates with U.S. law enforcement organizations in combating drug problems at home and internationally, in part by sharing information vital to interrupting drug trafficking and organized crime in the U.S. and elsewhere.*

## **The Federation of Therapeutic Communities (Federazione Italiana Comunita Terapeutiche [FICT])**

All Italian programs visited by the evaluation team are part of the Federation of Therapeutic Communities (Federazione Italiana Comunita Terapeutiche, or FICT). Founded in 1981, FICT is a national, democratic organization devoted to the treatment of drug addiction and related problems. With national headquarters in Rome, FICT is made up of 51 treatment centers in 17 FICT regions. Staffing consists of approximately 10 Directors, 2,400 Operators, and 10,000 volunteers. Four of the 17 regions function under the rules and regulations of the Federation's Training Institute, which provides education for members in other regions. FICT volunteers and facilities provide services to about 24,000 people a day (FICT 2003). FICT follows a philosophy known as "The Progetto Uomo," a philosophy of intervention based on tapping into the full potential and resources within the individual (Nascent.org 2003).



To combat drug abuse and addiction, FICT:

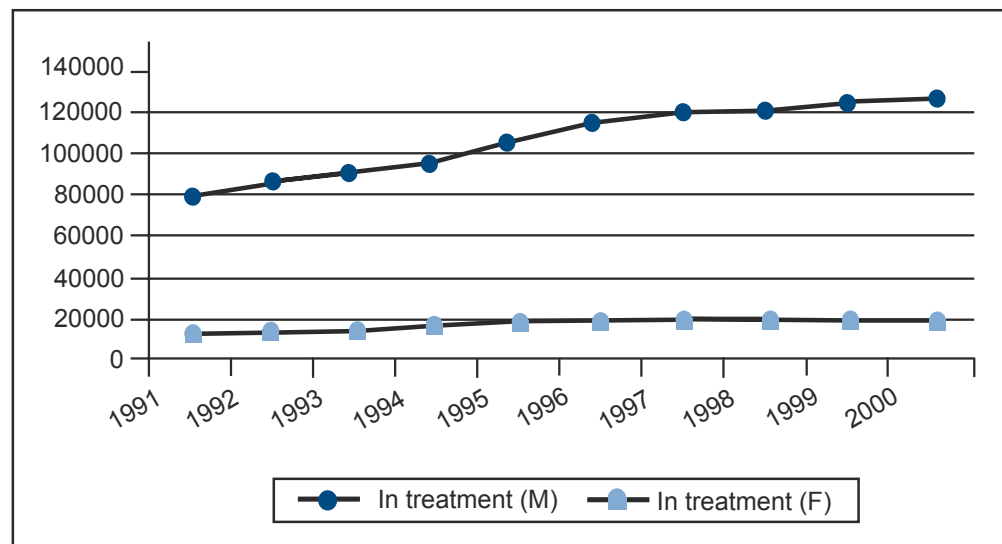
- Aids addicts in their return to the community and work environment;
- Provides services to those using emerging drugs and to people with dual diagnoses;
- Provides daycare and residential centers for those who are HIV-positive and living with AIDS;
- Houses drug-addicted women with children;
- Targets drug addicts in the prison system;
- Offers community treatment for juveniles; and
- Operates daycare and residential services for alcoholics.

FICT is part of the Agency for International Cooperation, a group that works to promote cooperation among European organizations in the addiction field. FICT is also known for work on the frontlines of prevention, targeting every grade level in the schools and performing grassroots work in the community.

# DESCRIPTION OF PROGRAMS VISITED: ITALY

According to Italy's Ministry of Health, the number of drug users entering treatment has climbed steadily over a 10-year period (see Figure 5). Approximately 130,000 persons were in treatment at the time the Danya site visit was conducted. Specific programs are described below.

Figure 5: Drug Users in Treatment by Year and Gender



Source: Ministry of Health, Health Information System

## Associazione Casa Famiglia Rosetta

Associazione Casa Famiglia Rosetta is a private organization that provides comprehensive services to populations in need of drug treatment and assistance to other needy populations, such as the mentally ill, those who are HIV-infected, the elderly, prisoners, the mentally retarded, and neglected or abandoned children. It was founded in 1983 by the Catholic Church in Caltanissetta, Sicily, as a service organization for those with disabilities. Originally supported by the Catholic Church, Casa Famiglia Rosetta is now funded through the Public Health Service and private donations. It supports two TCs for drug-addicted populations, Villa Ascione and Villa Roccella, as well as a residential care facility for clients with AIDS, mentally retarded children, and young adults, called Villa Sergio. The organization also has a research institute that focuses on genetics and disease prevention and a human services agency for poor and disadvantaged persons.

Headed by its charismatic President and Founder, Don (Monsignor) Vincenzo Sorce, Casa Famiglia Rosetta's headquarters are in an historic building near the city center. This

---

facility is the central administrative office. At the time of the site visit, Casa Famiglia Rosetta had a staff of 220. Services are provided to approximately 1,000 clients, some of whom are located beyond Caltanissetta, in Rome, and elsewhere. The treatment approach at the TCs involves classic TC concepts adapted to fit the Italian culture and community. The three-phase program components are:

- Intake or Introductory;
- TC Treatment, with a variety of individual counseling and group therapy activities, drug/alcohol education, psychological evaluations; and
- Re-entry.

Both staff and clients emphasize the concept of family (*famiglia*) as the bond that drives the community. Casa Famiglia Rosetta holds weekly meetings with clients' families, who meet to discuss issues concerning the recovery of their sons or daughters and to educate themselves about drug and addiction problems. Sometimes emotionally charged, these meetings function as a support group, an educational experience, and as opportunities to share information.

The Danya team also visited Villa Sergio, a residential facility for HIV-infected clients and their children. Most residents reach the program as referrals from the Public Health Service, the epidemiology unit at area hospitals, or prisons. Most clients remain in the program for 4 years or longer. With a staff of seven (a Director, four educators, a psychologist, and a social worker) and as many as 15 volunteers, the goal of the program is to provide residential services that will give clients the strength and dignity to confront their medical and personal issues. In sum, Villa Sergio allows residents to “live again.”

*As with other Casa Famiglia Rosetta facilities, a strong sense of family develops among clients and staff members during every phase of the Villa Sergio program. Under appropriate circumstances, clients who are mothers can care for their children on the premises.*

Overall, data gathered at Casa Rosetta's facilities suggest that the program enjoys positive visibility in the community and that residents and family members are highly satisfied with the philosophy and treatment outcomes. Although there is no specific mechanism for tracking program graduates, there is consensus among most staff members that 30 to 40 percent of the residents in the TCs will sustain sobriety after leaving the program.

---

## Il Pointe

This program is an organization of treatment and prevention agencies in metropolitan Rome. The evaluation team visited two sites: one in Civitavecchia, Roma, and the other in Tuscany. Il Pointe draws its clientele from surrounding communities and schools and provides:

- Educational programs;
- Work and career-oriented events;
- Recreational activities; and
- Therapeutic activities.

### IL POINTE: CIVITAVECCHIA

Adequately staffed with professionals in social work, psychology, sociology, and education, the Civitavecchia program recruits many community volunteers to help deliver its services, especially in education and job-related activities. Interview and focus group data point to the highly competent and dedicated professional staff members as a key to the success of this program.

The center in Civitavecchia provides primary prevention projects. During June and July, the center services about 20 children between the ages of 5 and 12. Activities include sponsored visits to the sea, painting, sports, and academic exercises. Prevention projects for children often continue throughout the school year. During the winter, work with the children is done within the school systems and focuses on the use of marijuana and other substances of abuse. The center also serves as a day training center for people from other regions and as a referral center for other communities within the Federation. Admission to the Prevention Center is based on an assessment process facilitated by the Public Health/Drug Services agency, which is responsible for appropriate placement and for ensuring that the program is compensated for services rendered.

Based on interviews with staff, clients, and community volunteers, the program at Civitavecchia appears to be highly successful in serving juveniles who evidence serious problem behaviors, such as alcohol and other drug abuse, delinquency, and school-related misbehavior. Other hallmarks of Il Pointe are its success in forging ties with the community and its skillful use of volunteers. There is a

*Because of its strong relationships with schools and other community agencies, Il Pointe's Prevention Center at Civitavecchia has achieved substantial success with its young clients. Recreational activities, academic exercises, sports, and a broad array of community activities have helped foster attitudes and environments aversive to drug use.*

---

fluent interaction with the community through the program's use of volunteers in nearly all of its activities.

### IL POINTE-TUSCANY

In Tuscany, Il Pointe supports a residential TC for adolescents and young adults with drug addiction problems. Clients' families, referred from the public health system and from other families, bring their sons or daughters for treatment. The average stay for a teenager is from 1 to 2 years (and some up to 36 months). Staffed by a Program Director and five educators, whose roles resemble those of case managers, Il Pointe uses traditional TC concepts, emphasizing family, group cohesiveness, and confrontation groups. The program also makes extensive use of volunteers. The three phases of the program consist of:

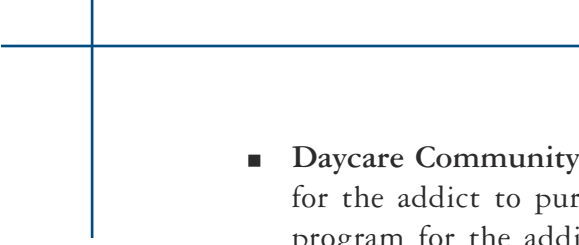
- Phase 1—an introduction to the TC and initiation of the treatment plan;
- Phase 2—which engages the client in multiple treatment activities, such as counseling, group therapy, drug education, psychological evaluation, and family groups. The objective of this phase is to promote personal changes that will prepare the client for a return to the family and community; and
- Phase 3—which addresses reintegration and the “future of the person.”

Thus, work, school (including university education), and preparation for the future are central to recovery at Il Pointe. Residents maintain jobs as an integral part of the rehabilitation process. Most residents participate in community-based drug abuse prevention activities, such as speaking engagements at local schools, youth group meetings, and community organizations.

### CENTRO SOLIDARIETA DI MODENA

The organization at Modena is a family of agencies that collectively provides comprehensive treatment services to drug-addicted men, women, and juveniles, with the help of 310 volunteers. It also serves those who are HIV-infected or have mental health problems. The program has modern offices and attractive, well-designed residential and treatment facilities. The TC concepts follow a classic TC sequence, described in detail below. The program has carefully adapted these phases to Italian approaches in addiction treatment.

- **Intake Phase.** In the initial phase of the program, personal interviews are conducted to start the therapeutic process. Clients are informed about the services offered at the center, which is particularly important for those who are completing prison sentences.

- 
- **Daycare Community Phase.** The second phase investigates the motivations for the addict to pursue rehabilitation and determines the most suitable program for the addict's treatment needs. This phase is characterized by community living, work activities, and therapy groups. The program at this stage is semi-residential—that is, clients return to their families or stay with volunteers in the community nights and weekends.
  - **Residential Phase.** This phase entails living in a residential structure that maintains close links with families, friends, and society, simultaneously preparing clients for reintegration into work or school. One of the Center's facilities, Casa Mimosa, allows clients to follow the program without being separated from their children.
  - **Reintegration Phase.** The last phase of treatment is a daycare program in which clients are to assume full responsibility for their life choices and become self-sufficient. Clients who have unusual difficulties negotiating this phase can be supported by facilities or houses that are specifically dedicated to assisting in reintegration into the community.

Centro Solidarieta di Modena provides services in five different settings:

- **Casa Mimosa** opened in 1992 and is for parents (mostly women) who need to take care of their children while in treatment.
- **The Delta Project** is a prevention program for youths 16 to 22 years of age who exhibit problem behaviors related to alcohol and marijuana or synthetic drugs, such as ecstasy or methamphetamines. Through group discussions, interviews, and other activities focusing on family issues, youths address unhealthy lifestyles and school-related problems that may have a relationship to substance abuse.
- **The Houses for Hospitality and Reintegration** accommodate clients who cannot be cared for by their families. Run by volunteers, these five houses (four for men and one for women) serve as residences that guarantee assistance. Casa Gerico, for example, accepts drug addicts who are waiting to start the induction phase but also need detoxification. Other houses are dedicated to reintegration services for clients who have completed the earlier phases of treatment but encounter problems, such as lack of family support or cooperation, in their efforts to return to the community.
- **Casa San Lazzaro** accepts those with AIDS. True to the center's emphasis on maintaining close community ties, Casa San Lazzaro is a 14-bed facility where people with AIDS can enjoy a safe environment to help them face medical and psychological problems and confront the practical consequences of their disease.

---

Since Casa San Lazzaro is operated by volunteers, clients can remain there for an unlimited time. Many of the social activities involve the outside community.

- **La Barcais** is a program for those with psychiatric problems, some of whom are dually diagnosed. Services are conducted in collaboration with the Province's Mental Health Services agency. Through all of its activities, the program seeks to increase client self-esteem and to re-create a sense of belonging. La Barca emphasizes family and community linkages as central forces in therapy.

A hallmark of the Centro Solidarieta di Modena is the broad array of therapeutic events used in its approach to treating drug addiction: education, psychodrama, relapse prevention, self-help activities, individual and group counseling, recreational and work therapy, and more. It has been especially successful in placing its residents in permanent jobs by the time they complete the re-entry phase of treatment. The center's approach to job training and placement has attracted international attention throughout Europe.

### MODENA

This male and female TC services clients through several connecting phases. The Residential Center opened in 1982 and was primarily operated by volunteer members of the Catholic Church. Between 1982 and 1996, the program transitioned to a TC approach. There are two notable aspects of the Modena facility. First, it is a gated community for male and female clients in an isolated rural area. Second, within the women's facilities, a dorm houses mothers with infant children. Women are allowed to keep their children with them as they go through the program.

*In 1986, major changes within the structure of Modena mandated program modifications. The organization shifted from a program-centered approach to a client-centered approach. The new model became lateral, rather than top-down. Under the new structure, clients were allowed to take a more active role in decisions about treatment.*

An important aspect of the Modena organization is the clinically structured environment with a work component attached. The Treatment Center provides training in different areas, such as food preparation, woodworking, counseling, and vocational training, and offers job assistance, working with trade unions and factories. A structured milieu offers

vocational horticultural training that also serves as a venue to raise operating funds. Residents are trained on state-of-the-art equipment in frame shops, greenhouses, and wood shops. Residents can develop a skill, learn a trade, and assist in generating revenue for the community. Therefore, they can become financially independent based on services they provide in the community. Former residents are even eligible to work in the facility after completing a degree program and living outside the facility for 3 years.

---

## ARCA: CENTRO MANTOVANO DI SOLIDARIETA

Located in the northern Italian city of Mantova, Arca is a comprehensive service agency with TC services at its core. In addition to drug-addicted residents, many of whom have come to Arca as early releases from prison, the program serves clients from a variety of backgrounds, including those who are dually diagnosed.

The Arco Boleno, or “Rainbow Project,” serves men and women ages 19 to 50 with psychiatric disorders, most of whom have histories of substance abuse. The project deviates somewhat from a classic TC in that it emphasizes individual treatment plans and has the staff and authority to administer psychotropic medications.

The program began in 1988 when volunteers petitioned the FICT for certification and approval as a local provider. In 1987, the organization began working in the community with the goal of discovering what motivated clients to use drugs. To achieve this goal, it was necessary to establish a level of trust between the volunteers/operators and the clients.

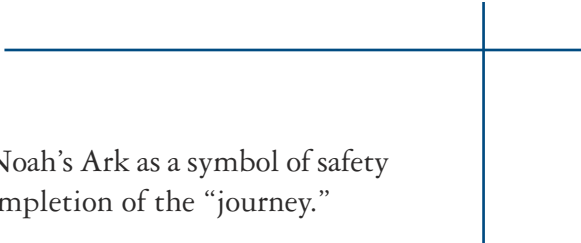
*Arca was the only organization visited in Italy with a clinical research program in place that tracks the progress of clients. Using the Addiction Severity Index, Mantova research staff members chart changes in the severity of residents' symptoms. The research program also follows up with graduates for a 2-year period after program completion. Sustained recovery (30 to 50 percent) is similar to estimated figures from other TCs in Italy.*

The program at Mantova has four centers for program operations:

- The Di Paride Colfi (The Welcome Center);
- The Day Treatment Program;
- The ARK (Adult Residential Program); and
- The Rainbow Dual Diagnosis Treatment Program.

The Welcome Center serves as a diagnostic and referral facility. Clients coming from the community are assessed, and those needing detoxification may be referred to a hospital or methadone center. If detoxification services are not needed, clients are placed within an appropriate facility. The Addiction Severity Index assessment tool is used in this process.

After evaluation, some clients are sent to the Adult Residential Program (ARK) if they do not have a psychiatric disorder. The facility approach is based on the traditional TC model. This program often receives clients from prisons, walk-ins, and referrals from Day Treatment. The ARK title comes from a program philosophy based on the story of



Noah's Ark. The facility uses a carved representation of Noah's Ark as a symbol of safety and residents' names are placed within the Ark until completion of the "journey."

The Day Treatment Center is a facility for those who do not require a restrictive level of care. It also serves as the reinsertion component for the organization. Once clients have completed the residential part of the ARK program, they are referred to the Day Treatment Facility Reinsertion Track.

Clients who are dually diagnosed with an addiction and a psychiatric disorder are sent to the Rainbow Dual Diagnosis Treatment Program.

Consistent with the belief that addiction and psychiatric disorders constitute a family disease, Arca integrates the family into its therapeutic approach. Family members have regular contact with residents and are educated about their roles in the dynamics of addiction and psychiatric pathologies. The family connection in treatment facilitates a mutually beneficial process for residents and family members.


Like other organizations in the FICT alliance, Arca relies heavily on volunteers for its day-to-day activities and to deliver treatment services. At Arca, volunteers from professional communities such as nursing, medicine, and education contribute vital help and expertise that strengthens program services and keeps overall costs manageable.

#### **VILLAGGIO SOLIDALE, MESTRE/VENICE**

Located adjacent to Venice, Villaggio Solidale is a treatment and comprehensive service organization that serves a principally drug-addicted clientele. It also has prevention and outreach programs, some of them involving street counseling and advocacy. Its aggressive outreach approaches make the program unique among those visited. Outreach workers develop relationships with street addicts that ultimately can be used to bring them to treatment. This sometimes takes a long time. Nevertheless, Villaggio Solidale is successful in generating some of its clientele through outreach efforts on the streets and in drug-user hangouts.

Villaggio Solidale is led by a charismatic Catholic priest who founded the program in the late 1980s. The organization supports facilities that serve HIV-infected clients, mothers with children, clients with histories of frequent relapses, and dually diagnosed clients. The two facilities visited were Villa Emma and Mastro Geppetto.

- Villa Emma, which houses mothers and their small children, incorporates the concepts of a TC with a living arrangement that retains "normal" routines and the feeling of extended family and community.

- 
- Mastro Geppetto functions as a third-level TC phase for those who struggle with the discipline and structure of traditional TCs. Geppetto involves training and an intensive work experience in the community, which facilitates successful re-entry. Although residents of Geppetto give it high marks, the Director estimates that the relapse rate is 50 percent or higher.

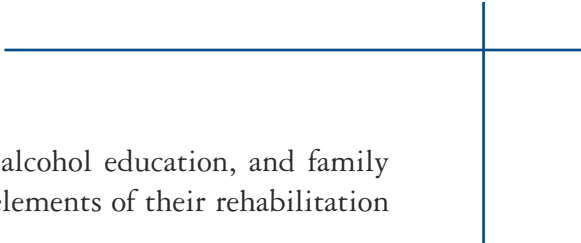
## Key Findings

Danya's evaluation team conducted a random sampling of staff members who worked at all visited locations and conducted client evaluations. The following information was obtained from staff interviews:

- Clients in the communities engage in addiction treatment for alcohol, cocaine, heroin, cannabis, methadone, opiates or analgesics, barbiturates, sedatives or tranquilizers, hallucinogens, and inhalants. Heroin was the most widely used drug among residents.
- Most staff members categorized their facility as unique in the community, providing services not available in surrounding areas.
- Staff members estimated that 6 out of every 10 clients finish all of the phases of the program.
- Incentives to complete the programs include an increasing amount of independence and eventually, permission to work and regain the job skills necessary to return to society.
- Communities near the treatment facilities do not seem to mind their presence and are generally supportive of the programs, particularly those involving juveniles.
- As a form of giving back to the community, many of the clients work locally in support of community projects.
- The average staff member stays for 24 months; senior staff members have the most years of service, with some achieving 5, 10, or more years.
- When asked what services were most important to the program, staff identified the treatment plan, group therapy, psychological evaluations, and family therapy or family issues groups. This matches the services preferred by clients.

Key findings from client interviews are listed below.

- Most clients started using drugs or alcohol around age 14.
- Most clients spend a minimum of 2 years in a treatment facility.
- There is widespread agreement among clients that treatment planning,



individual counseling, group therapy, drug or alcohol education, and family therapy or family issues groups are the central elements of their rehabilitation efforts.

- Most clients voluntarily entered the programs because they were tired of the vicious cycle of drug use and emphasized that they entered a treatment program for themselves *and* for the sake of their families.
- Problems associated with the use of heroin were cited by most residents as the principal reason for seeking treatment. One client said, “If a person wants to change, this program can help them discover the person they have lost.”
- All the clients interviewed said that they would recommend the program to a friend who needed treatment services, and the vast majority of clients rated treatment services as excellent or good.

## PROMISING PRACTICES: ITALY

Italy has a rich network of drug abuse treatment programs that offer the following promising practices:

- **Integration of family into every dimension of treatment.** Italian treatment programs generally attempt to preserve family ties and integrate family, friends, and community as basic dimensions of rehabilitation. Some programs place clients in the homes of community volunteers to replicate the family situation as much as possible.
- **Allowing families with children to live together.** The treatment program offered at Casa Mimosa allows families with children to live together in order to maintain family ties and responsibilities. At Villa Emma, mothers can care for and raise their children in a TC environment. The Mastro Geppetto program takes an aggressive approach that allows mothers and children to maintain a “normal” routine during treatment.
- **Charismatic leadership.** Charismatic leaders seem to bring out the best in those who work under them, and they create positive environments that can serve the ends of treatment and recovery. Casa Famiglia Rosetta flourishes because of the charismatic leadership of its founder. As one staff member explained, “. . . his influence almost defies words. We can’t explain it, yet we know it is true!”
- **Community involvement.** A hallmark of treatment in Italian facilities is their success in forging ties with the community. Work in the community and social activities outside the treatment center means that clients are never isolated from the community at large. Interaction rather than isolation appears to account for much client success.
- **Putting client needs first.** Modena is quite advanced, with comprehensive track designs to address the individualized needs of clients. This program is more client-centered than its counterparts. Clients are intimately involved in decisionmaking about their treatment plans and activities, which gives them strength and empowerment.
- **Volunteer involvement.** Extensive involvement of volunteers is seen in the majority of Italian treatment programs. Volunteers provide needed services and represent another form of community influence. They help promote the importance of the treatment mission in the community.
- **Street outreach.** Villaggio Solidale conducts street outreach to bring addicts into the treatment program. The program’s patience in building rapport with street addicts, their perseverance in finding addicts in their natural environment, and an aggressive approach to street counseling are proactive strategies that could well serve the goals of various drug treatment agencies.

## CONCLUSIONS: CLIENT, FAMILY, AND COMMUNITY BONDS

---

Overall, the evaluation team was impressed with Italy's TC model and strong emphasis on family involvement with the treatment process. The practice of placing clients with volunteers if their families live too far away to participate and the use of separate facilities for mothers with children show a major commitment to clients and their families. Equally impressive are the customized programs for HIV-infected clients and the school-based prevention and street outreach programs. In focus groups and individual interviews, staff members and clients agreed that family therapy and comprehensive treatment plans were among the most important services offered by the programs.

Another strong aspect of the facilities visited is the level of community involvement in providing services to and interacting with clients and treatment facilities. The reciprocation of clients who work in the community as part of their treatment forges strong ties between programs and the community. These positive interactions account for significant client progress toward recovery. The evaluators believe that these and other aspects of Italy's programs show exceptional promise as models for service delivery through novel, client-oriented treatment design.



# **APPENDICES**



## APPENDIX A METHODOLOGY

The main goal of the evaluation was to identify promising practices that seemed to be related to the program's success. Quantitative data and qualitative data was collected as appropriate during the site visits. Before conducting these site visits, information regarding the projects was collected to tailor the data collection plan and instruments appropriately. This information was collected through a self-study in which the Program Director (PD) and selected staff members and clients responded to questionnaires. If possible, information from records was also reviewed before each site visit. In addition, reports and other descriptive materials on the program were requested in advance. Once the site visits began, interviews with staff members, including the PD, clients (currently or previously in the program), family members of clients, and community members were conducted. Focus groups were conducted when possible. As part of this study, a full description of the program is being provided, including program characteristics, dynamics, outcomes, characteristics of clients, and information regarding the experience of clients in treatment.

The following describes the key forms of data collected:

- In-person interviews with key staff (three or four staff members, including the PD, a supervisor, a front-line person, and a medical staff member, if available);
- Abstraction of information from client records for data on retention, drug use, and treatment compliance (preferably from all clients or a random sample of clients currently in program), if available;
- In-person interviews with clients in treatment (five to eight clients); and
- Additional information available about the program, such as pamphlets, brochures, descriptions, reports, statistics, or findings from previous evaluations.

In addition, when possible, the following were conducted:

- Focus groups with staff members;
- Focus groups with clients;
- Interviews with family members of clients in treatment (one to three); and
- Interviews with clients who have left treatment (one to three).



## APPENDIX B

### DEFINING PROMISING PRACTICES

The critical first step in developing the protocols that would govern the collection of data and information on substance abuse treatment programs in Europe, Latin America, and Southeast Asia was to define the criteria that would be used in determining a program's successful implementation of a "promising practice." Promising practices would be those program components that, when effectively carried out, would enhance the likelihood of overall program success and, therefore, be considered promising for replication by programs in other areas of the country or in other countries. After a careful review of the literature, the following definition was developed.

We began with the premise that a substance abuse treatment program is a composite of structured intentions and that the practices employed by a program have an overall goal of making those intentions a reality. Not every intention can be expressed in a manner that reflects a measurable outcome. Therefore, a practice for the purposes of this project is defined as any discrete program component that can be isolated, defined, described, and observed. It may be as broad as "recruitment of at-risk youth" or as narrow as an "intake interview." In the first case, there will be a measurable outcome that will allow the practice to be identified as "promising" (for example, a steady increase in program participants). In the second case, there will be no such measurable outcome (only a sense that the interview collects the best information for working with prospective participants), but the manner in which the information is used may lead to a "promising" designation.

A "promising practice" must contribute to one or more of the following intentions:

- Involvement of key stakeholders in the entire program development process, from planning and implementation to sharing of recognition and rewards of success;
- Building partnerships and collaborative efforts to ensure that scarce resources are applied most effectively and avoiding nonproductive duplication of effort;
- Employing a "life-cycle" approach to development that includes needs assessment, development of specific objectives related to needs, planning and design, implementation based on a clear plan and specific design, monitoring of results based on objectives, and evaluation based on measurable results;
- Tailoring activities to local needs and drawing support from local strengths;
- Emphasizing positive, proactive, and prevention-oriented activities and outcomes as part of treatment;
- Reducing substance abuse and other dysfunctional behaviors;
- Empowering communities to take responsibility for themselves through the empowerment of individuals;
- Working with families as a unit or with whole systems;
- Investing in client development;
- Integrating multiple programs and activities and providing intergenerational services;
- Contributing to the removal of social, cultural, and economic barriers within and beyond the community;

- Contributing significantly to public safety and security;
- Providing for effective program management, especially through accountability;
- Achieving program sustainability;
- Improving the transfer of skills and technology within and among communities;
- Applying effective outreach and media strategies;
- Maintaining committed and strong leadership at both the program and community levels;
- Recruiting and retaining motivated volunteers; and
- Identifying, recruiting, and retaining clients based on client needs and program objectives.

## **APPENDIX C PROGRAM OBJECTIVES**

The International Demand Reduction program established the following four objectives:

- Strengthen the ability of host Nations to conduct more effective demand reduction efforts on their own;
- Encourage drug-producing and transit countries to invest resources in drug awareness, demand reduction, and training to build public support and political will for implementing counternarcotics programs;
- Improve coordination of, and cooperation in, international drug awareness and demand reduction issues involving the U.S., donor countries, and international organizations; and
- Utilize accomplishments in the international program to benefit U.S. demand reduction services at home (INL 2000).



**APPENDIX D**  
**INSTRUMENTS/TOOLS USED TO CONDUCT SITE VISITS**

INSTRUMENTS/TOOLS	NO. OF PAGES
PROGRAM DIRECTOR INTERVIEW .....	8
PROGRAM STAFF INTERVIEW .....	3
RECORD ABSTRACTION FORM .....	2
CLIENT EXPERIENCE INTERVIEW .....	3
FAMILY MEMBER INTERVIEW .....	4
CLIENT FOCUS GROUP QUESTIONS .....	1
STAFF FOCUS GROUP QUESTIONS .....	1

These instruments are available at:

Danya International, Inc.  
8737 Colesville Road, Suite 1200  
Silver Spring, MD 20910  
Phone: (301) 565-2533



## APPENDIX E REFERENCES

Birchard K. *The Lancet*. September 8, 2001.

CIA. *The World Factbook*, 2002. Retrieved May 30, 2003, from the World Wide Web:

<http://www.cia.gov/cia/publications/factbook/geos/pl.html>

European Monitoring Center for Drugs and Drug Addiction (EMCDDA). "The state of the drug problem in Italy 2001." Annual report to the European Monitoring Center for Drugs and Drug Addiction, 2002.

Retrieved June 4, 2003, from the World Wide Web:

[http://www.emcdda.eu.int/infopoint/publications/national\\_reports.shtml](http://www.emcdda.eu.int/infopoint/publications/national_reports.shtml)

European Monitoring Center for Drugs and Drug Addiction (EMCDDA). Annual report to the European Monitoring Center for Drugs and Drug Addiction, 2003. Retrieved May 21, 2003, from the World

Wide Web: [http://www.emcdda.org/multimedia/project\\_reports/policy\\_law/strategies\\_report/italy](http://www.emcdda.org/multimedia/project_reports/policy_law/strategies_report/italy)

National Report 1999 for the European Monitoring Centre for Drugs and Drug Addiction. 21—26, 1999.

Pozen BJ. Facing down shooting up: Slovenia fights back on its drug problems. *Central Europe Review* 2(21), 2000. Retrieved May 30, 2003, from the World Wide Web: [http://www.ce-](http://www.ce-review.org/00/21/puzun21.html)

[review.org/00/21/puzun21.html](http://www.ce-review.org/00/21/puzun21.html)

<http://www.fict.it/english.htm>, May 21, 2003.

[http://www.nascent.org/Link/Links\\_addicts/links\\_addicts.html](http://www.nascent.org/Link/Links_addicts/links_addicts.html), May 21, 2003.

<http://usis.usemb.se/drugs/Eurp/italy.htm>, July 3, 2001