



Triple R: Rehabilitation for  
Recovery and Reinsertion



**Co-funded by the European Union**

**TRIPLE R**

**EVALUATION REPORT ON SOCIAL REINTEGRATION**

## Table of contents

- **Brief introduction on the Triple R project**
  
- **Report structure**
  
- **PHASE I (2015-2017)**
  - Exchange of best practices and drafting of the publications**
  
  - Methodology of evaluation for Phase I**
  - Evaluation on Project exchange: study visits and trainings**
  - Evaluation on Dissemination events**
  - Evaluation on Triple R Handbook on social reintegration**
  
- **PHASE II (2017)**
  - Croatian Assessment and piloting**
  - Methodology**
  - Review of existing sources of information**
  - Data analysis**
  - Feasibility study and proposal for implementation of pilot projects**

## Brief Introduction on the Triple R project

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

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

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

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

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

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

## Report structure

This report focuses on **social reintegration**, a complementary aspect to the recovery concept for the Triple R partners. From the project best practice exchange emerged clearly the importance of seeing the continuum between rehabilitation and social reintegration.

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

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

## PHASE I (2015-2017)

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

#### Methodology of evaluation for Phase I

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

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

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

#### Five project exchange questionnaires

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

#### Key evaluation survey

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

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

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

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

The criteria that have been applied were the following:

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

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

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

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

**Part B inquired on the contempt of recovery.** Since this theme is the leading paradigm and shared common ground among the partners of the Triple R project, more attention has been dedicated to it in comparison with the other thematic areas.

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

**More information on part B and C could be found in the evaluation report dedicated to recovery.**

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

### **Event questionnaire**

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

### **Publication feedback questionnaire**

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

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

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

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

All partners participated in the evaluation and completed the surveys as requested. A total of 9 responses had been collected. The focal point in each organization took care of completing the on-line formularies. In terms of geographic distribution 2 contributions came respectively from Italy and Sweden, one from Belgium, one from Spain and 3 from Croatia. 55% of the respondents were male and 45% female. Their level of education was Master degree (67%), Bachelor degree (11%), College or unfinished university (11%) and high-school diploma (11%).

The main areas in which the partners are engaged are the following: 66% of them work in social reintegration programs, 55% are active in drug prevention and recovery oriented drug treatments,

44% runs therapeutic communities, 33% offer close setting residential rehabilitation programs and 22% have harm reduction interventions. Among additional activities the following have been mentioned: motivation program for rehabilitation in prison, training program for social workers and practitioners in the addiction fields and drug treatment court.

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

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

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

### **Summary of the activities**

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

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

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

### **Triple R study visits**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Study visits**

#### **Belgian best practice on social reintegration: the Drug Treatment Court**

*A very well organized network supporting social integration*

Quote from Triple R project partner

The Belgian Study trip aimed at sharing knowledge on the model of the Drug Treatment Court (DTC). The municipality of Ghent adapted the US model of the DTC to the Belgian context and law and came out with the first European Drug Treatment Court. During the visit the partners had the opportunity to see the DTC in practice and understand the complex network of stakeholders. The DTC model is addressing all the life aspects of the beneficiaries and assists them in all the phases of rehabilitation and reintegration.

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

- **A coordinated network:** DTC are mobilizing a very active network of professionals to take care of the addicts, counseling and guide them towards the best rehabilitation path and social reintegration opportunities. A fundamental role in the Belgian DTC is played by the Liaison. The liaison offer assistance to the client in assessing his/her needs, in identifying solutions and in finding a path toward recovery and making a plan to be submitted to the judge for approval. The liaison is committed to confidentiality and it is able to create a bond of trust, safeguarding the dignity of the individuals and allowing them to open up, sharing their needs, counting on a non-judgmental attitude.
- **Addressing priorities and needs:** the DTC model is quite flexible and allows some discretion to the clients. In case of recidivism in drug addiction, some contingency plan could be made and with the assistance of the liaison the client could find immediate solution to be able to stay in the project and do not endanger the achievement toward social reintegration
- **Importance of housing issues:** housing has been identified as one of the main aspect of social reintegration. Having a safe place to leave at an affordable price is a key component in helping recovering addicts toward social reintegration and independence. The Belgian model provides this opportunity. Partners visited half way houses, where people could stay and learn how to manage free time, work, testing their limits and creating new life patterns.

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

- **Length of the program:** according to one of the partner the DTC program is quite short. There is a suggestion to extend the length of the program to secure better results.
- **Funding:** DTC are dependent from public funding to survive. The cost and effectiveness of the DTC has been evaluated through the years to provide politicians and stakeholders with evidence supporting the investment in the DTC with the taxpayers money. Currently the DTC Ghent is a pilot project, and Belgium is considering options either to scale up the model or finding eventually cheaper alternatives.

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

**Efficacy:** the partners shared quite a positive evaluation 50% of them assessed as good, while 25% considered it satisfactory, 12,5 excellent and 12,5 partially satisfactory.

**Visibility:** quite the majority of the respondents (75%) assessed visibility as good while 12,5% consider it respectively excellent or partially satisfactory.

**Sustainability:** it collected a strong consensus with 50% of the partners assessing it as good and 37,5% as excellent, while just 12,5% assessed it as partially satisfactory.

**Social Impact:** a more diverse feedback was registered on the social impact with 65% of the respondent assessing it as good, and 12,5% respectively as excellent, satisfactory and partially satisfactory.

### **Spanish best practice on social reintegration: the Dianova Spain experience**

*Great example for social reintegration*

Quote from Triple R project partner

During the study visits in Spain, the Triple R partners visited different branches of the Dianova Spain organization, getting to know the therapeutic community model (TC) implemented by Dianova and also the interventions of local like minded treatment providers and centers such as seLa Coma, Fundacio Ciutat i Valors, Benito Menni Mental health Hospital, Associacion Alba and Espai Ariadna.

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

- **The large variety of opportunities:** Triple R admired the range of opportunities provided in the social reintegration programs in Spain. Having the possibility to choose among different path is seemed very important for the recovered users coming out from therapeutic communities or upon completion of their treatment program.
- **The importance of housing:** Dianova follows the vision of **housing first**, a concept that prioritize housing among other aspects in the interventions with socially marginalized people. Having a safe place to live has been identified as absolute priority, and as an initial step to further assist people in need and socially marginalized groups as former addicts.
- 
- **Diversified intervention according to target groups:** Dianova works with very diverse clients, ranging from mentally ill patients, to drug addicts, women victims of violence and emerging social need such as immigrants and neglected socially marginalized groups such as homeless and elderly. Therefore, the intervention in social reintegration is tailored to

address different needs and very flexible in its implementation.

The respondents raised no specific **criticalities** on the Dianova social reintegration best practice.

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

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

**Visibility:** 37,5% of the partners considered it respectively excellent and good while 25% assessed it as satisfactory.

**Sustainability:** quite a diverse opinion has been collected on sustainability. 37,5% of the interviewed rated it respectively as excellent and satisfactory, while 25% declared it good.

**Social Impact:** 50% assessed it as excellent, 25% respectively as good and satisfactory.

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

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

Quote from Triple R project partner

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

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

- **The centrality of work:** Basta uses work as therapeutic tool, both for rehabilitation and social reintegration. The two aspects are complementary and users are encouraged to find their career path that will promote their recovery and also social reintegration, securing they can learn a living and become independent and getting reinserted as positive members of society.
- **Social enterprise and incubator:** Basta structure is a social enterprise with many locations and branches, running a range of businesses from pallet company to hotel and conference center to dog hostel or graffiti removal, just to mention a few. Thanks to the different branches Basta allows the users to find an occupation and also encourage them to think bigger and start up new branches or businesses that could be rentable for both the organization and the individual, and also offer coaching in this respect.
- **Self-sustainability:** Basta has achieved self-sustainability thanks to a combination of service and good production on site and selling the treatment placement to social services and to the judiciary system. The municipalities pay for the first year rehabilitation at Basta, while the user contribute with his/her own work to the sustainability of the organization and after the initial year the residents are offered time limited to permanent employment contracts with the final aim of eventually becoming a member of the not-for profit association.

**No criticalities** have been raised by partners on the Basta social reintegration model.

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

**Efficacy:** there was quite an agreement on the efficacy 50 % of project partners rated it respectively as excellent and good.

**Visibility:** the partners expressed the same view as for efficacy: 50% of them considered it excellent and 50% good.

**Sustainability:** it collected a unanimous consensus: all the partners considered it excellent.

**Social Impact:** also got a very positive evaluation with 83 % of them considering excellent and 17% good.

### Trainings on recovery

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

*The chain of rehabilitation and social reintegration offers a good support to the users in their reinsertion*

Quote from Triple R project partner

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

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

- **Continuum of care:** CeIS created a 3 step program merging rehabilitation and social reintegration, working with the users to support them thanks to therapy and education.
- **The path toward autonomy:** CeIS define autonomy as the ultimate goal of its program, and constantly work with the users in order to stimulate ethical space and positive thinking to allow them to take wise and productive decision once they leave the community.
- **Case management:** CeIS insists on the importance of a case management and risk assessment to building up resilience in the users and support them in maintaining a drug free and productive life.
- **Risk mitigation:** the community runs a specific training on risk mitigation, teaching users how to cope with challenges and struggle outside the community, while maintaining their motivation and consolidating the achievements so far.

Some **criticalities** has also been raised:

**Duration on the program:** one partners stressed that it would be helpful to extend the duration of the reintegration program that seemed pretty short.

**Vocational trainings:** the vocational trainings are not embedded in the organization structure. They are offered upon requests and are outside the CeIS premises.

Overall the CeIS Rome training has been rated as following:

**Efficacy:** 57 % of the respondents considered it good, 29% satisfactory and 14% excellent.

**Visibility:** 86% of the interviewed considered it good and 14% excellent.

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

**Social Impact:** 57% considered it as good and 14% rated it respectively as excellent and satisfactory.

## San Patrignano Model

*During the rehabilitation the recovering users are prepared for social reintegration outside the community through education and vocational training developing life and social skills.*

Quote from Triple R project partner

*San Patrignano is a very unique experience.*

Quote from Triple R project partner

The training in San Patrignano offered a unique opportunity to learn and live the recovery and social reintegration oriented methodology of the community in practice. Triple R partners were hosted in the community premises, participated in job training workshops with the residents, engaged in dialogue with them. Furthermore, they also attended lessons on different aspects of the community including the vocational trainings, the educational options and the social reinsertion planning and implementation.

The following **best practices** on the San Patrignano model emerged during the training:

- **Synergies between the rehabilitation and reintegration.** San Patrignano considers recovery and social reintegration as two intertwined and inseparable aspects and supports the implementation of a rehabilitation and social reintegration oriented program which allows individual to get back to society as positive members.
- **Job and vocational training:** the community offers trainings and internships in a range of productive activities that boost self esteem of the residents as well as provide top skills for the labor market, preparing for the reintegration phase.
- **Educational opportunities:** San Patrignano supports education as one of the leading tool for empowerment, and encourage residents to resume interrupted studies or to begin new courses earning degrees.
- **Interpersonal relations family and ex-users:** the community resembles a big families, with strong interpersonal relations among residents and mentors. The majority of the educators are recovered users graduated from the program, leading vocational trainings and providing a living example of recovery while helping others in their recovery journey. San Patrignano encourages the residents to resume contact with their family of origin, children and spouse, in order to plan a reunion or reconciliation whenever possible.
- **Planning the reintegration:** planning for social reintegration is a complex and multifactorial aspect of the program. Educators, admission office and San Patrignano association are assisting the residents in testing their limits and overcoming their fears in this delicate moment. Home visits and trip to the reintegration venues are undertaken by the residents to check on their expectation and take the best decision.
- **Interaction with the association network.** The community counts with a network of

association in Italy and abroad, supporting the residents both during admission to San Patrignano as well as during the reintegration, working with families and residents to explore opportunities at the local level in the job search and housing opportunities.

- **Second generation incubator.** San Patrignano is considered an incubator for the creation of social enterprises and for stimulating vocational training responding to recovering users needs. Furthermore the community has been working on developing financial instruments such as microcredit and social franchising, with the aim of supporting the social reinsertion and employability or job creation for the residents who completed the program.

**No criticalities** have been raised on the San Patrignano social reinsertion model.

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

**Efficacy:** partners demonstrated a very positive shared view on efficacy 57% considered it good and 43% excellent.

**Visibility:** there was quite a positive feedback on visibility with: 50% excellent, 33% good and 17% satisfactory.

**Sustainability:** registered a very similar opinion with 50% good, 33% excellent and 17% satisfactory.

**Social Impact:** also got a positive evaluation with 67% of excellent and 33% good.

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

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

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

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

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

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

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

therefore slow down the activities during the visits.

### The Triple R ARES model on social reintegration

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

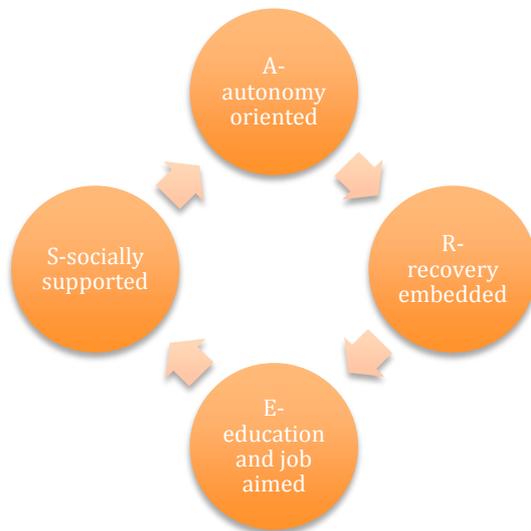
**A-autonomy oriented**

**R- recovery embedded**

**E- education and job aimed**

**S- socially supported**

The image below is presenting the key elements in the form of a Visual Chart, that could help professionals, practitioners and policy makers interested in knowing more on the essence of the social reintegration programs.



#### Autonomy oriented

Autonomy is the final goal of a successful social reintegration. According to Triple R partners' experience social reintegration programs should be as much as possible addressing the needs of the recovering addicts and being therefore very much **individualized**. People recover at their own time and following their own path, and since social reintegration is perceived as the natural continuation of the recovery journey, the following crucial aspects have been highlighted by the Triple R partners as essential while achieving the necessary degree of autonomy:

- providing attention to the priority planning and identifying the areas that need immediate interventions;
- learning how to manage time, especially free and leisure time; and
- focusing on relapse and recidivism prevention.

#### Recovery embedded

Triple R partners agreed on the fact that recovery and social reintegration are two inseparable and intertwined processes, and in most cases the two phases are overlapping for quite some time. It is

perceived that social reintegration should be clearly embedded in the recovery program as ultimate step and natural continuation of the recovery journey in the society. Therefore, the recovery program should be tailored to support and foster social reintegration, being enriched with the tools, educational and job training activities and professional psychological support when needed, preparing recovering addicts for their successful reinsertion. In this way the time spent in treatment could also be seen as social investment for the future of the recovering addicts and would have a positive impact in minimizing recidivism in addiction and criminal behaviors in the reintegration phase.

### **Education and job aimed**

In the Triple R experience emerged clearly that work and employment have a crucial role both in the recovery and social reintegration programs. During the treatment, work and vocational trainings are supporting self-esteem and fostering motivation, while helping in creating concrete opportunities for a sustainable livelihood, upon completion of the program and in the long run during the social reinsertion program. The chances of employability are greatly increased if recovering users could count on a formal education, earning degrees, certifications and skills required by the job market. Furthermore, getting a job is a necessity for recovering addicts who often have to sustain themselves and eventually pay off debts accumulated during years of addiction. Being able to get a job and keep it in the long run is one of the factors that minimizes recidivism and offers stability to the recovering addicts, and should be considered, one of the priorities in the social reinsertion phase in the same way as educational opportunities should be provided during the rehabilitation phase. Doing so, a positive virtuous cycle is created that would effectively support a social reintegration path.

### **Socially supported**

Triple R partners stress the importance of finding a supporting environment in the social reintegration phase. Recovering addicts, who had completed a treatment program, are coming out from a protected setting and should count on continuous support, while adjusting to a more challenging environment. As previously mentioned, in the reintegration program it is crucially important to identify the best option for the reinsertion. Sometime nor the hometown or the family of origin are the optimal choice, especially in case of abusive families or highly at risk context. Housing or cohabitation might present both a challenge. The first one in term of economically sustainability: it might be difficult to find a place to stay due to the stigma against former users and also the high cost of renting, which might not be affordable, in the first period of the social reintegration. Cohabitation with the family of origin might be an economic necessity, but could present the challenge of getting back to old family mechanisms the recovering addicts should try to avoid. On the other hand, in case families are willing and able to provide economic and emotional support, it could be a real asset in progressing toward a successful social reintegration and their contributions should not be underestimated.

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

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

**Spring 2017**

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

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

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

**The Vienna program** featured thematic presentations on the 3 main Triple R pillars, illustrating the HERMESS model on recovery, the MC CORRE model on justice intervention and ARES model on social reintegration, reaching out Members States as well as international expert and fellow NGO colleagues following drug policy issues at the United Nations Vienna Headquarters.

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

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

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

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

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

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

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

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

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

Networking among like minded organizations

Having a role as speaker (2 participants)

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

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

**The presentation on justice intervention obtained a more diverse feedback:** 53% considered it very interesting, 29% quite interesting, 12% interesting and 6% not so much interesting.

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

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

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

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

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

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

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

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

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

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

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

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

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

During the ECAD annual conference in Kaunas, the organization disseminated the Triple R publications and raised awareness on the project findings and development. The manual and the handbook gathered quite an interest. The attendees were 130, representing 23 European cities and 9 countries (Bulgaria, Estonia, Italy, Latvia, Lithuania, Malta, Norway, Sweden and US) and covered governmental and non-governmental organizations.

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

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

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

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

### **ECAD activities in 2017**

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

During the ECAD annual conference in Kaunas, the organization disseminated the Triple R publications and raised awareness on the project findings and development. The manual and the handbooks gathered quite an interest. The attendees were 130, representing 23 European cities and 9 countries (Bulgaria, Estonia, Italy, Latvia, Lithuania, Malta, Norway, Sweden and US) and covered governmental and non-governmental organizations.

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

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

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

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

## **Additional dissemination activities**

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

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

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

### **Triple R Website**

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

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

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

### **Electronic dissemination**

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

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

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

## **Evaluation on Triple R handbook on social reintegration**

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

The work on the Triple R publications had been a shared effort and all partners contributed

actively, organizing their input according to the format provided by the project coordinator. Each partner designated a focal point in their organization with the purpose to coordinate the collection of the information and compiling a preliminary draft contribution.

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

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

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

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

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

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

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

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

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

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

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

In the field of **recovery**, the partners assess the contribution as extremely relevant (57%), greatly relevant (48%) and satisfactory relevant (14%).

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

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

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

They believed that they could expect some of the following:

- Reading on the project best practices,
- Finding some practical tools,
- Finding national overviews and study cases,
- Sharing knowledge on recovery and providing real and feasible models and replicable

- examples,
- Gathering information on how to replicate recovery models,
  - Learning on other intervention models and implementation in all the 3 thematic pillar of the project,
  - Reading drug policy suggestions promoting recovery, and
  - Learning about evidence based approaches and study cases.

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

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

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

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

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

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

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

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

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

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

In general terms, **54%** of the interviewed considered the Triple R publications **greatly relevant for**

**their organization**, 31% extremely relevant and 16% satisfactory relevant.

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

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

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

**Specifically on social reinsertion/reintegration**, 46% of the respondents considered the publications to be greatly relevant, 38% extremely relevant, 15% satisfactory relevant **for professionals working in the field**.

54% of the interviews considered them greatly relevant, 30% extremely relevant and 15% satisfactory relevant **in improving the current services in the field of social reinsertion/reintegration**.

## PHASE II (2017)

### Croatian assessment and piloting

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

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

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

### Methodology

#### Qualitative analysis and quantitative sources of information

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

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

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

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

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

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

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

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

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

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

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

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

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

## Review of existing sources of information

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

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

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

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

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

Triple R keywords used in the research have been:

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

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

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

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

## Data analysis

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Organizing a drug-free program in the health system requires a synergy among different actors. The Office against drugs should coordinate this effort. NGOs provide psychosocial services in the drug network and are considered experts by the Government Office for Combating Drug Abuse.

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

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

### Recovery, Rehabilitation and Social Reintegration

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

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

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

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

Main strategy about sustainable livelihoods and programs against social exclusion in Croatia are part of the National Project on social reintegration, active since 2007, coordinated by the national Office for Combating Drug Abuse with the participation of the Ministry of Education and Bureau of Employment.

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

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

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

After this assessment the following proposals emerged:

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

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

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

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

kind of programs.

- Proposal for collaboration at the local level that should be coordinated by the National Office for Combatting Drug Abuse according to all stakeholders' opinion. However, there are differences regarding coordination in local areas between public system and NGOs. The creation of a board with similar structure in all the regions can be useful to increase the level of communication and the transfer of information.

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

- Proposal for residential services and Recovery based programs for minors drug users developing two different kind of facilities for young drug users:
- Recovery based programs for opiates users, even when main use are buprenorphine and methadone, that includes more pharmacotherapy and motivational interview;
- Residential treatment for binge drugs and alcohol users, especially female population; more focused on psychosocial intervention.
- Proposal for recovery oriented residential services for pregnant women and women with children, with a therapeutic perspective focused on empowerment, life skills, training in personal and social abilities and job-oriented
- Proposal for psychosocial treatment programs for children of drugs users, especially women, in cases it's not possible to access to a residential service.
- Rehabilitation programs focused on life skills and job seeking aimed at reaching and supporting personal autonomy. The objective of these programs is to develop sustainable livelihoods for Croatian drug users upon completion of treatment.
- Family training program and parental skills for families or for children of drug users that need therapy and or psychosocial support

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

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