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Important Key Points, Models And Experiences For Addictive Behaviors Recover

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Abstract

Addictive behaviours treatment networks are composed by harm reduction services and recovery oriented programmes. Recovery is a perspective in addictive behaviours intervention based on empowerment, competences and life skills of person with addictive behaviours. Recovery oriented programmes have advanced from traditional therapeutic communities to actual integral services, which are integrated in main international standards and manuals about addictive behaviours intervention. There are different experiences valid to define proper recovery treatments. Different methodologies have been used to study addictive behaviours recovery programmes, either quantitative or qualitative strategies. Main conclusions are: recovery oriented programs must be integrated and connected with harm reduction networks, social services, health system and employment service; recovery is based in empowerment and peer social support, so it´s necessary to develop structured programs for these topics; it´s also necessary to create specific actions for several collectives, as develop evaluation systems to validate efficiency and adequacy of recovery oriented programmes. As main conclusion, HERMESS recovery model was developed to be a reference for new recovery-oriented programmes.

Keywords: Addictive behaviours; Recovery; Good practices; Transference; Treatment network

Recovery Into Addictive Behaviours Treatment Network

Drug treatment policies and intervention practices in addictive behaviours are based on harm reduction, recovery, and sustainable livelihoods [1]. International consensus is clear regarding the need to broaden these problems using the biopsychosocial perspective [2] and any kind of intervention should include topics such as 'recovery' [3] and 'social support' [4] to be effective in the long-term [1].

Recovery [3] is an important concept regarding the treatment and rehabilitation of addictive behaviors. It means not merely reducing or eliminating the use of drugs (including alcohol) [5], it means to become an active member of society [3]. Moreover, it also does not mean a process of 'natural recovery' by which the addicted individuals [5].

Recovery: Keys and Concepts

Best, Bliuc, Iqbal, Upton and Hodgkins [6] define the following three concepts linked to recovery:

i. Contagion is the capacity of person in recovery to influence in his/her social context;

ii. Connection is the capacity to build community and society; and

iii. Homophily is a tendency to relate to and bond to individuals that are similar to us.

Granfield and Cloud [7] define 'recovery capital' as the following: "…. the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD (alcohol and other drug) problems" [7]. There are three phases to recovery capital (RECCAP):

i. Scientific assessment of strengths and weaknesses;

ii. Planning the individual's care in relation to their strengths';

iii. The recovering individual having strong and solid links with groups and activities oriented to recovery From White and Cloud [8]: "Recovery capital constitutes the potential antidote for the problems that have long plagued recovery efforts: insufficient motivation to change AOD use, emotional distress, pressure to use within intimate and social relationships, interpersonal conflict, and other situatio ns that pose risks for relapse. (…). Strategies that target family and community recovery capital can elevate long-term recovery outcomes as well as elevate the quality of life of individuals and families in long-term recovery".

For these authors, there are three phases for identification of recovery capital (RECCAP):

1) Support screening and brief intervention (SBI) programs;

2) Assess recovery capital on an ongoing basis; and

3) Use recovery capital levels to help determine level of care placement decisions. In this sense, Best divides this "recovery capital" into three aspects [9]:

- Personal Recovery Capital: skills and abilities recovered/empowered during rehabilitation process, especially emotional skills.
- Social Recovery Capital: Impact of recovery in social groups, especially family and social networks.
- Collective Recovery capital: Impact of Recovery in social context, especially cost/benefit balance [9] (Figure 1).

Models and International Experiences

The coordination between the health system (especially

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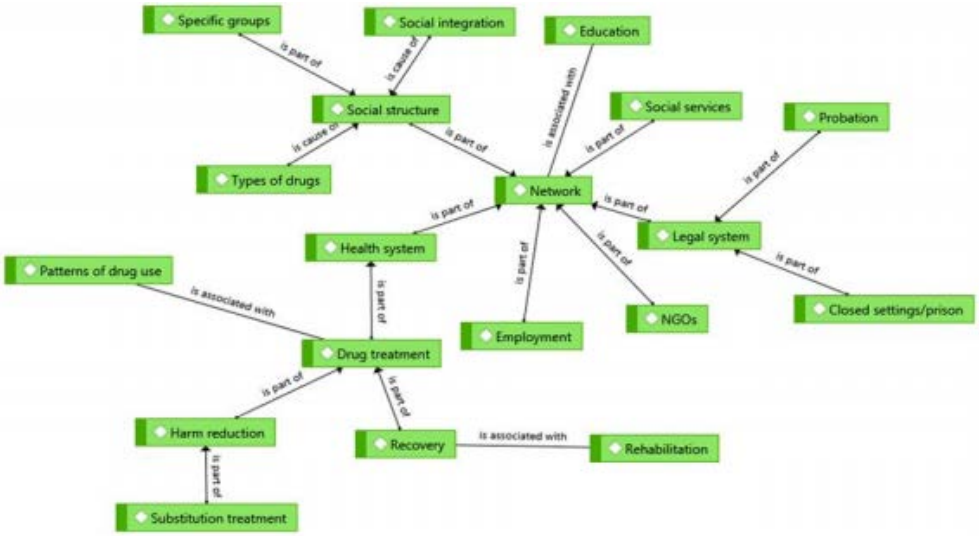

Figure 1: Addictive behaviours treatment network (including Recovery) map of categories.

pharmacological treatments and substitutes, as well as medical protocols) and other services that participate in social intervention in addictive behaviours is another aspect for which attention needs to be paid [10]. This coordination, which is perceived as very beneficial and which clearly improves the efficiency of networks and services, requires professionals who are used to working in multi-disciplinary situations [11].

There are programmes that are already working with these problems in a standardized way, such as the programmes in the city of Ghent that use the "CHIME Model: Framework of elements of psychosocial support for personal recovery" [12], in collaboration with the University of Ghent [9,13]. This model is based on the perceived social support and the degree of useage of available resources and capacities. CHIME is the acronym for the various resources included in the model:

Connectedness (Connection and social support networks)

Ope(Hope and motivation)

Dentity (Social and personal identity)

Meaning (Meaning that the person gives to the social support network)

Empowerment (Empowerment; personal and social skills)

Another experience in health promotion is the development of social recovery models, "Recovery cities" [9]. The "recovery cities" models are already being utilized in cities such as Goteborg and Stockholm (Sweden) in reducing risk situations due to drug use and associated problems (especially crime and socio-health emergencies), as well as to improve coexistence and citizen participation [6].

Another experience that emerged from the project "HOME/2014/JDRU/AG/DRUG/7092-Triple R: Rehabilitation for Recovery and Reinsertion" was the named "Triple R HERMESS model" [14]. HERMESS presents the key concepts selected from the process of transfer from good practices during the Triple R project. The acronyms HERMESS stands for: H-human centered; E-empowerment aimed; R-reintegration oriented; M-motivational driven; E-educational embedded; S-self sustainability focused; S-social need oriented.

He image below is presenting the key elements as Visual Chart,

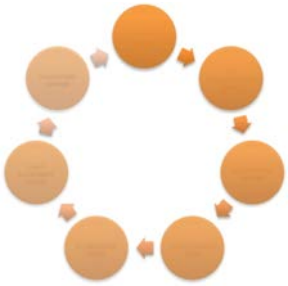

Figure 2: HERMESS model visual chart.

highlighted as lessons learnt that could help professionals, practitioners and policy makers interested in knowing more on the essence of the rehabilitation programs (Figure 2).

Human centered

A successful recovery program is the one that assesses and addresses individual needs and finds the best way toward rehabilitation and recovery. Human beings and not the substance or drug of choice should be seen as the core center of the program. Working on the root causes or the co-causes that led people into addiction is the key to help out those who decided to quit their addiction. One other key aspect of human life is time.

Although in some case the rehabilitation program needs to follow a timeline, due to the public contributions or the funds to run the rehabilitation center, it emerged clearly from the project lessons learnt that after years of addiction, a true recovery takes time, and the program should be a long term one. Different options have been shown on how to make projects self-sustainable and allow the person in recovery to stay longer in the community setting if needed, in order to be ready for social reintegration. Allowing time for behavioral change is also a very important component of the individualized process recover programs strongly recommend.

Empowerment aimed

The ultimate purpose of recovery is to empower people, to provide ex drug users with the necessary self-esteem, life and professional

skills, they have been lacking due to drug addiction. HERMESS sees recovery as a personal journey, where the individuals are actors for change, overcoming their fears and leading the foundation of a new drug free life. Different ways or methods have been explored in order to achieve empowerment or autonomy, as some of the partners also call it. Some approaches are more focused on work, professional trainings and learning by doing, some other prefer psychological therapy, both individuals or in groups.

Reintegration oriented

HERMESS shows how the recovery path is intrinsically connected with the social reintegration. All the study cases presented underlined the importance of seeing the continuum between the rehabilitation and the social reinsertion. Social reintegration is considered as the farther step of the recovery. Social reintegration is also embedded in the planning, and the activities carried out in the rehabilitation are functional to the achievement of the successful reinsertion.

Motivational driven

Recovery has been defined as a personal journey where motivation is the trigger for change at the beginning of the program. It is also the force that keeps people in treatment going facing the challenges of the rehabilitation and boosting self- esteem while an initial change is achieved. Motivation plays a role in learning about ethics and in taking the right decision, abandoning shortcuts and embracing commitment, while getting a profession, a career and building up a better future for one self and for the beloved ones.

Educational embedded

HERMESS model insists in the role to be played by education in recovery programs. Interrupted studies are not enough to face the challenges of today's demanding labor markets and earn a living. Formal, non- formal and informal education, professional trainings, learning foreign languages and IT programs, getting degrees, are all important aspects to be included in the rehabilitation program and should be an integral part of it and not as an appendix. Education is an investment for the future, exactly as recovery and they will mutually benefit from each other, being included in the rehabilitation programs.

Self-sustainability focused

According of each organization peculiarity, ways have been recognized to enhance self-sustainability. Securing public funds, private donations, or having services and goods to be purchased in the market are options to be looked into, while offering a rehabilitation program. For this reason, HERMESS suggests that self-sustainability should be included among the long-term goal of the organization and provide inspiration on how to shape activities and services toward achieving operational autonomy of the organization. In doing so, each rehabilitation center would secure the opportunity to provide the best services and have the final say on the duration and the implementation of the recovery programs offered, making the program sustainable for their residents and clients as well.

Social need oriented

In HERMESS model emerges repeatedly the necessity and the call to go far beyond the addiction. New forms of interventions could be created, merging also approaches or target population, to create innovative solutions for the organizations and their beneficiaries and the community as a whole.

Conclusions

People in addictive behaviours treatment don´t need only pharmacotherapy or psychosocial support. They want to find a job, to be active members in society, to participate in their communities. To be persons again [15]. An adequate socio-health and psychosocial intervention is important to reduce these problems [16], with social support [4] and specific attention for very profile of person with addictive behaviours problems [10]. It seems appropriate to adapt the current programs to the various populations at risk, in addition to evaluating the limitations presented by the current programs on addictive behaviour in order to adequately address and understand the needs and problems of people who could utilize these services. To go far beyond of the substance, to find the way to help the persons. This is recovery pathway [3, 17].

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Author Biography

Let me introduce myself, I´m Antonio Jesús Molina Fernández, psychologist and anthropologist, assistant professor of Social and Epidemiological Aspects in Addictive Behaviours, Evaluation of Social Programs, Social Intervention, Criminality & Urban gangsand Social Psychology of Health in the Social, Work and Diferential Psychology Department in Universidad Complutense de Madrid, Spain.

I have worked for the last 20 years as focal point/ manager in different national and International projects, integrated or in collaboration with several CSOs (Dianova, Proyecto Hombre, UNAD, RIOD, San Patrignano...). Especially important to me has been my participation in UNODC project GLO-H43/TREATNET between 2006-2009. Since that project, I have been usually working in international projects as trainer, researcher, evaluator or coordinator.

Added information is my membership in scientific forums as National Hispanic Science Network on Drug Abuse/NHSN and European Society on Social Drug Research/ESSD. I would like to mention my work as researcher in university, right now I am coordinating studies about Adequacy of European recovery oriented programmes and Consequences of recreational and/or medical cannabis regulation (with Dianova International). Both studies are conducted using qualitative methodology in concept and tools (bibliographical review, interviews, panel of experts and discussion groups).

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