



BeTrAD

Better Treatment for Ageing Drug User

Best Practices Collection

Imprint

This publication is one of the Intellectual Outputs of the EARASMUS Project 'Better Treatment of Ageing Drug User' , which was coordinated by Jugend-und Drogenhöllef Luxembourg, Luxembourg. You can access the project at <http://www.betrad.eu>.

Authors:

Marye Hudepool, Eberhard Schatz

Copyright © 2018

Copyright remains with the publisher.

Publisher:

De REGENBOOG GROEP

Droogbak 1d

1013 GE Amsterdam

The Netherlands

Project Number: 2016-1-Lu01-KA 204-013837

jugend- an drogen**höllef**
Fondation



This project has been funded with support from the European Commission.
This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Better Treatment for Ageing Drug User

Best Practices Collection

Content

Background	7
BeTrAD – the project	7
Partners	8
The 'Best Practice Collection'	8
 Specific services	 8
(i.e. exclusively for ageing drug users)	
 PAAC	 10
TABA	11
Live-in Care Center (WZC) Bilzenhof	12
Woodstock	13

Non-Specific services 14

(i.e. open to broader population,
offer specific or tailored services for ageing users)

Service User Involvement Team (SUIT)	14
Ares do Pinhal	15
PARSEC	16
KETHEA	17
Kongens Ø Munkerop	18
Therapeutic Community Němčice (TKN)	19
Liaison service Konnex	21
VNN Polyclinic Leeuwarden	22
Betreutes Wohnen Kriegstrasse	23
Haus im Stift	24
Projekt Lüsa	25
Plan B gGmbH	26
SKFM Düsseldorf	27
CHUNantes	28
Spolek Ulice Plzeň	29

BeTrAD



Background

Demographic developments of the aging population have spurred many countries of the European Union to initiate an ongoing process of adapting social and health structures to respond to this challenge. The dependency on psychoactive substances however, is still mostly associated with young people. With one in five Europeans above the age of 60, Europe is the continent with the oldest population and the total number and the proportion of older, chronic, problematic drug users in Europe have increased significantly over the last decades. For example, it has been estimated that almost 90% of the problem opioid users in the Dutch capital, Amsterdam, are aged between 35 and 64.

Even though it will take several decades for aging (in general) to have a negative effect in the absolute size of the population, its consequences will be apparent much earlier, especially in the health care sector. Consequently, treatment and support has to follow these changing needs. The increasing speed of aging in this group adds to this problem and makes fast solutions even more important. Instead of going for separate national solutions, our project 'BeTrAD – Better Treatment for Aging Drug users' allows to develop synergies and to work on a common problem with common forces.

BeTrAD – the project

BeTrAD is an Erasmus+ project that aims to provide adult trainers and organizations in the drug help system, in geriatric institutions and local governments with tools and models of good practice, which create adult learning opportunities for the establishment and improvement of services for aging drug user. The BeTrAD project activities will build on the given evidence and knowledge base collected from European countries, and transfer these insights into a practical learning curriculum for adult learners (for members of both drug and geriatric services) by linking research elements, education and capacity building and by contributing to a better approach towards improved services for the aging population of drug users.

BeTrAD

Partners

To create a synergy of knowledge and exchange information across borders, the project was carried out transnationally, analyzing and identifying the best policies and practices concerning aging drug users in Europe. The project partners, located in 5 European countries, reflect regional experiences and coverage: North, West, South and Central Europe.

The partners involved in this project are:

1. The **Jugend- an Drogenhëllef (JDH)**, Luxembourg. Coordinating partner of the project and social service provider.
2. The **Integrative Drogenhilfe (IDH)**, Frankfurt, Germany. Social service provider.
3. The **Frankfurt University of Applied Sciences (ISSF UAS)**, Frankfurt, Germany. Educational/research institution.
4. The NGO **Sananim**, Prague, Czech Republic. Social service provider.
5. The **Fundación Salud y Comunidad (FSC)**, Barcelona, Spain.
6. The **Regenboog Groep (RG)**, Amsterdam, the Netherlands. Social service provider and coordinator of the **European Network Correlation**.
7. The **Departament de Salut de la Generalitat de Catalunya (GENCAT)**. Governmentalinstitution.

jugend- an drogenhëllef
Fondation

integrative drogenhilfe e.V.

**FRANKFURT
UNIVERSITY
OF APPLIED SCIENCES**

SANANIM

**FUNDACIÓN
SALUD Y COMUNIDAD**
www.fsyc.org

**DE REGENBOOG
GROEP** MENSEN ONDER ELKAAR

Correlation
European
Harm Reduction
Network

Generalitat de Catalunya
gencat.cat

The 'Best Practice Collection'

Through desktop research and stakeholder analysis, potential examples of good practice were identified within the fields of addiction-, health- and mental health care. They were sent a questionnaire with both specific (quantitative) and open (qualitative) questions, developed by Correlation. From the 111 responses received, 94 were left after pre-selection (the only criterion was actually encountering/working with ageing users in their clientele).

The best practice assessment itself involves several rounds of selection. For the first round, the examples were randomly divided across project partners to evaluate them using the assessment matrix developed by Correlation. Based on the evaluation scores, 27 examples were selected for round 2 in which every partner evaluated all examples. These results were presented at the second project meeting, at which point an additional three examples (late entries) were included for the third and final round of evaluation. For this round, a nomination model with five thematic questions were used, in which the evaluators could nominate the 5 examples they felt best fit the characteristic of the question.

This resulted in a set of 'top' listings, of which the top 22 examples were selected. For these examples, additional questions were sent in to supplement the information from the questionnaire. One example withdrew from participation and in two countries there were two services belonging to the same organization (CZ and IT), these were combined to be described as one example which brings the final number of examples discussed in this collection to 19.

Given their differences in (among others) examples' offered services, organizational size and structure these examples are not 'ranked' in the collection and merely distinguished by whether they are 'specific' for ageing drug users, meaning they are exclusively for this target group or 'non-specific', services open to a wider age range though offer specialized/ tailored services for ageing users.

BeTrAD

Specific services (i.e. exclusively for ageing drug users)

Barcelona, Spain

PAAC

Programme for the Care of Elderly Consumers

About the project

PAAC was created in 2015 for the population of Horta Guinardó and Vallarica, with the purpose of responding to the growing demand of elderly patients with consumption problems with or without concurrent psychiatric problems. All patients are treated in the Addictions and Dual Pathology Section of the Vall Hebron University Hospital. The programme uses a quick and bidirectional referral system with other hospital services, such as Neurology, Hepatology, Neuropsychology, the Sleep Unit et cetera. This enables the programme to carry out an integral treatment of these patients. They do accept patients referenced by hospitals from other cities, though this poses

some logistical difficulties and it is recommended for other hospitals to implement such programs for themselves.



Target group

The PAAC programme is accessible for people aged 65+ with drug addiction and/or concurrent psychiatric problems. Overall, two user profiles can be distinguished: Drug users who have never received treatment and are either referred to the programme by a medical professional or are forced by their relatives and drug users with a long history of addiction and/or treatment. In 35% of the cases they use 3 or more substances (excluding nicotine and caffeine).

Goals and Methods

Initially, all patients complete a psychiatric assessment and a complete psychological and neuropsychological evaluation which consists of 3 consecutive visits during the first month of treatment. This assessment is done through a large number of different tests, which try to determine presence of psychiatric disorders, ADHD, addiction severity, impulsivity, eating disorders, sleep disorders and the neuropsychological evaluation consists of tests that focus on memory, attention, recognition, phonetic fluency, processing speed, problem-solving tasks, visual fluency and cognitive flexibility. After this, psychiatric and psychological follow-up is done by periodic visits (bi-weekly/monthly) according to individual needs. Patients are also monitored by nurses on toxic controls, basic hygiene habits, diet, sleep et cetera and this information is related to the social worker in charge.

What makes this good practice example special?

The programme is linked to an outpatient center that also focuses on harm reduction services. This means that there are still services accessible to people of all ages, yet the key characteristic is the tailored program specific for elderly patients with consumption problems. They also take into account that these patients often show a more complex set of problems that requires a thorough examination and more follow-up visits, especially in the first phase of the treatment.

Keywords:

For who: ageing drug users, aged 65+

Service: Out-patient, opioid substitution, neuropsychology, specialized medical services, ongoing psychiatric support

Treatment: Counselling, harm reduction, activation, group therapy, social support

Staff: Nurses, medical doctors, psychiatrists, psychologists, social workers, peer workers (paid), community educator

Funding: Public

ES – PAAC programme

C: Elena Ros Cucurull, Psychiatrist.

M: elenaroscucurull@gmail.com

A: Passeig Vall d'Hebron 119, 08035 Barcelona, Spain.

W: <http://www.vhebron.net/>



Walferdange, Luxembourg

TABA

About the project

TABA is a structure-giving employment offer for older drug users. Drug use is tolerated without obligation to be in substitution treatment, however access to gain such treatment is supported by the project. The service is free for clients, the only expense is the time clients spend in the project and individual travel expenses. The project facility is far away from the drug scene (15km) and easily accessible by bus/train and services a group of (on average) 15 individuals. The employees are experienced drug workers with at least 10 years of experience working with drug users. They have all previously worked in a low threshold center for drugs (ABRIGADO) and are of similar age to the participants.

Target group

The project is accessible for problem drug users aged 40+ and accepts clients with concurrent psychiatric problems, physical impairments and cognitive impairments, depending of the severity of the disease and the ability of the group to deal with it. For homeless client or those without income, travel expenses are paid for though a monthly bus pass.

Goals and Methods

TABA focuses to interrupt the routines and distance to the drug scene, providing daily structuring, reduction of social isolation, promotion and rediscovery of own competencies. Additionally, they strive to provide meaningful occupation, appreciation and participation while confronting clients with their consumer patterns and associated responsibilities and the 'handicap' of addiction. Clients will participate in the project for 3 days

per week and participation is voluntary and unpaid. Clients are supported to get access to medical services, hospitals and the first or second labour market.

What makes this good practice example special?

Their focus on full acceptance without forcing abstinence, low threshold access with individual working hours based on the resources of the participant. Participants work voluntarily and unpaid and the framework is intended specifically for elderly and willing drug users. The specific needs of clients are addressed through crisis support and the project works closely with other services which allows for referral to housing solutions and/or substitution programs for example.

Keywords:

For who: ageing drug users, aged 40+.

Service: In- & out-patient, drug use tolerated, activation, work projects

Treatment: Counselling, medical and mental care, social care, harm reduction, activation

Staff: Nurses, psychologists, peer workers, educators

Funding: Public funding, donations



LU - TABA

C: Patrick Klein, Manager/Nurse.

M: patrick.klein@cnds.lu

A: 34 Rue Josy Welter, 7256 Walferdange, Luxembourg.

W: www.cnds.lu

Antwerp, Belgium

Live-in Care Center (WZC) Bilzenhof



About the project

Bilzenhof is a live-in Care Center (nursing home) for the elderly in need of physical and psychological care, provided by the organization '**Zorgbedrijf Antwerpen**'. It is situated in a multicultural neighbourhood where a lot of people are in a vulnerable situation through poverty, substance abuse, isolation, migration, homelessness and psychological disorders. The care center is specialized to meet the needs of this population. They provide housing solutions for a total of 95 clients, divided into three 'care groups'. One group, housing 27 clients is intended as a 'closed' department, specifically for those clients that present severe cognitive deterioration, whereas the second group of 27 clients is intended for those that predominantly have physical care (somatic) needs. The third group, housing up to 41 clients is intended for those with a long pre-existing psychiatric history or with complex social and/or psychological problems. All clients with a history of substance abuse are housed within this third group.

Target group

It is situated in a multicultural neighbourhood where a lot of people are in a vulnerable situation through poverty, substance abuse, isolation, migration, homelessness and psychological disorders. The care center is specialized to meet the needs of this population and rehabilitates people that have exhausted all treatment options, providing them with the needed structure to have a fulfilling life.

Goals and Methods

Bilzenhof works with an individual approach, incorporating a Community Reinforcement Approach (CRA), involving clients (and their social contacts) in the process of determining regulations on their finances, permission to go outside with/without supervision and alcohol and tobacco use, depending on their individual needs, capabilities and deficiencies. Additionally, they promote animation to reactivate clients through talk-groups, sport activities, walking, excursions, parties, reminiscence, reading clubs, cooking, craft and many more activities. Next to that, they stimulate hygiene and appearance to provide a healthy look and feeling. For opioid users, methadone can be given and followed up by medical staff. They strive for minimal use, though recognize that abstinence is not always an achievable goal. In some cases that show a drastic recovery a re-orientation to a service flat is considered a possibility.

What makes this good practice example special?

Firstly, Bilzenhof focuses on rehabilitation and making clients feel useful and part of their community. They are open to clients re-orientating to more independent housing solutions when possible whereas in most cases the care center will be their last housing environment. The canteen of this service doubles as a neighbourhood restaurant, offering neighbours the opportunity to eat there and thus stimulates the integration of the care centre within the neighbourhood and vice versa.

Keywords:

For who: ageing drug users, aged 50+

Service: In-patient, assisted living, comorbidity accepted, drug use not permitted within the common areas.

Treatment: CRA, individual case management, methadone treatment, activation, long-term housing solution.

Staff: Nurses, Medical doctors, Psychologists, Social workers, Peer workers (voluntarily)

Funding: Health insurance, public, private.

BE – WZC Bilzenhof

C: Rien Beersmans, Psychological Consultant.

M: Rien.beersmans@zorgbedrijf.antwerpen.be

A: Lange Beeldekenstraat 50, 2060 Antwerpen, Belgium.

W: <http://www.zorgbedrijf.antwerpen.be/onze-dienst/woonzorgcentra/onze-centra/woonzorgcentrum-bilzenhof>

The Hague, Netherlands

Woodstock

About the project

The housing solution 'Woodstock' was founded in 2008, after Parnassia professionals noticed there was an increasing amount of homeless and addicted persons who were not rehabilitating (kept 'coming back') and needed a place to stay. Often, there are no other options available to them because they do not fit into 'regular' addictive or psychiatric services (due to somatic problems) or into nursing homes (due to the addiction and/or psychiatric) problems. Therefore, this group runs the risk of 'falling through the cracks' and Woodstock tries to address this particular group.

Target group

The goal of this location is providing a calm and safe living environment (protected/assisted living) for persons from the age of 45 years, who have longstanding addiction problems and are homeless. Often the tenants have psychiatric and/or somatic problems (for example COPD) along with the addiction problems. For most tenants, Woodstock serves as a 'last stop', so 'outflow' or full socio-economic re-integration into society is rare. Rooms become available mostly due to eviction (for severe or repeated misconduct) or the tenant passing away.

Goals and methods

Woodstock works from a 'total concept': Tenants live and work in the housing service, abide by the rules set in place and feel at home through participation. Acceptance within the neighbourhood is another aim. During the phase leading up to the founding of the location there was continuous communication with surrounding neighbours about the concept and its goals and there was a 3-year trial period at first. When it came to the decision whether the location could stay active, there was even a petition started by the neighbourhood to make sure Woodstock would stay. The presence of the service also has a deterring effect: through close contact with the neighbourhood watch, problems are identified and dealt with earlier, which benefits the neighbourhood as well.

What makes this good practice example special?

Drug use is tolerated within the tenant's own room and sharing amongst tenants is also allowed. Substitution by Methadone is provided only after a breath analysis. Depending on the breath analysis score, the dosage of Methadone is altered (Higher score = lower dosage). Currently this is the only location in the Netherlands providing this type of setting for this target group.



Keywords:

For who: ageing drug users, aged 45+ AND homeless.

Service: In-patient, nursing home (housing project).

Treatment: Counselling, medical care, social care, substitution therapy, harm reduction, activation programmes, group activities.

Staff: Nurses, medical doctors, psychiatrists, social workers.

Funding: Health insurance, public funding.

NL - Woodstock

C: Koos Maquelin, Supervisor DHOD

M: k.maquelin@parnassia.nl

A: Om en bij 1, 2512 XK Den Haag, the Netherlands.

W: <https://www.parnassia.nl/hoe-wij-helpen/dak-en-thuislozen>

Non-Specific services

(i.e. open to broader population, offer specific or tailored services for ageing users)

Wolverhampton, England

Service User Involvement Team (SUIT)

About the project

SUIT is a charity based organization run and host by the Wolverhampton Voluntary Sector Council that is managed, run and led by peers. They offer a wide range of services focused on recovering individual talents and educating people and organizations about the risks and difficulties surrounding substance misuse. The organization is commissioned to take on volunteers either looking for treatment, already receiving treatment or that have received treatment in the last 6 months.



Target group

The service is accessible for clients between ages 16-75 with addiction problems, also accepting those with concurrent psychiatric problems. They do offer some more specific services for ageing users, such as bereavement support and housing projects: in 2016/17 SUIT worked with 638 drug users who were over the age of 40. Other target groups are: young people, homeless, ethnic minority groups and individuals with learning disabilities.

Goals and Methods

The main goal is to improve treatment quality as well as the quality of life for those with addiction problems and for those affected by someone else's addiction. SUIT trains individuals with personal experience (with addiction) in a variety of subjects, such as: first aid, advice and guidance, overdose awareness, understanding immigration, domestic abuse awareness and training in HIV/ Hepatitis B&C. After training they can support

clients as their 'peers'. SUIT also participates in discussion boards on local, regional, national and international boards. Additionally, they deliver training and educational programmes to other organisations, companies and services, education an average of 120 professionals each year. Services include harm reduction services, activation programmes, group activities, recreational activities such as boxing and fishing, welfare support, employability projects, advocacy training and support with administration (forms). For ageing users, health needs are assessed when entering the project and further monitored on an ongoing basis. Apart from this, the team supports access to other services depending on their needs, delivering peer advocacy when required to achieve the desired outcome. Drug use within the service and during programme delivery is not tolerated.

What makes this good practice example special?

The project is entirely peer led and developed based on the evolving needs of drug users, working in collaboration with 486 individual agencies, companies and resources to meet individual needs. Their peer volunteer programme has been awarded the highest accolade available in the UK, the Queens Award for Voluntary Service.

Keywords:

For who: All clients aged 18+, specific services for ageing users (health assessment, bereavement support, housing projects).

Service: In- & out-patient, peer-led/run/managed, training & education, strategic involvement.

Treatment: Counselling, social care, housing projects, harm reduction, activation programmes, employability programmes.

Staff: Peer workers (paid & voluntary).

Funding: Public, fundraising.

UK – SUIT

C: Sunny Dhadley, Drug and Alcohol Service User Involvement Officer.

M: sdhadley@wolverhamptonvsc.org.uk

A: 16 Temple Street, Wolverhampton, West Midlands, England, UK.

W: www.suiteam.com

Lisbon, Portugal

Ares do Pinhal

About the project

This is a low threshold methadone program run by the organization **Ares do Pinhal** – a harm reduction program in Lisbon. This is an ambulatory medical and psychosocial program, based on proximity strategies with methadone administration. Initially there was only one unit with a fixed location. After 2001, the program consists of three mobile units closely working with a 'support office', operating every day from five strategic points of Western and Eastern Lisbon. These strategic points were selected based on their greater proximity to areas of consumption and public transportation.

Target group

The program is accessible to opioid users with or without polysubstance use of legal age. It is orientated towards meeting the needs of users that, for whatever reason, do not want or are not able to access treatment programs and/or other health and social services. This population is characterized by frequent engagement in risk behaviours, personal and social disorganization and physical and psychological vulnerability. They also allow clients that have concurrent psychiatric problems. Ageing users, who are often homeless and/or without social support, are more closely monitored and assisted in different ways, such as booking their health/social appointments and providing them with transport when needed. Between January and September of 2017, Ares do Pinhal had an average of 964 drug users per month aged 40 and over in their program.

Goals and Methods

The goals include reduction of individual, social and public health risks associated with illicit drug use, screening for infectious diseases, raising awareness on safe consumption and sexual practices as well as referral of clients to health and social services and/or more structured treatment projects in the community network, allowing continuity of health care. This is done through providing low threshold

harm reduction services such as syringe/needle exchange, distribution of consumption materials and condoms, surveillance of personal health and the administration of different medications under direct supervision (methadone, tuberculostatics, antiretrovirals, et cetera.) Abstinence is not mandatory and the services are free of charge.

Ares do Pinhal has formal and informal partnerships with various health and social services, public and private and participates in community groups with other associations, which enables them to discuss cases and determine the right treatment or project for referral.

What makes this good practice example special?

The accessibility of the service, with three mobile outreach units operating every day from five strategic points. By deciding the specific points based on proximity and accessibility through public transport they reach around 1200 heroin users, some of whom polysubstance users, on a daily basis (\pm 80% of age 40+).



Keywords:

For who: All opioid users of legal age, specific services for ageing users (closely monitoring, tailored assistance and accompaniment to appointments).

Service: Out-patient, Harm reduction services, opioid substitution therapy, regular screening, drug use tolerated. *Treatment:* Syringe/needle exchange, medical care, counselling, social care.

Staff: Nurses, medical doctors, psychiatrists, psychologists, social workers, peer workers.

Funding: Public.

PT – Ares do Pinhal

C: Elsa Lucas Belo, Social Worker.

M: Elsa.belo@aresdopinhal.pt

A: Rua José Inácio Andrade, Loja2 Lote 10-B, Quinta do Lavrado – 1900-418 Lisboa, Portugal.

W: www.aresdopinhal.pt

Rome, Italy

PARSEC

Social Cooperative Society



About the project

Founded in 1996, this overarching organization promotes interventions and services within several areas, including but not limited to (drug) dependency. They run a large number of programmes, some more general and some more targeted towards specific groups similar in socio-demographics or complexity of their problems. We will highlight two of its programmes. Firstly, 'UPP' a street unit focused on prevention of pathologies related to dependencies (also called the 'Fuori Strada Project') and secondly 'SCARPANTO', the center of first admissions.

Target group

As a street unit, UPP is accessible to all legal ages and free-of-charge. The team contacts individuals with drug addiction at their gathering places. SCARPANTO, on the other hand, is a low-threshold reception service that provides primary services to people with addiction problems and their families. Both services are accessible to people of all ages, even under (active) influence of drugs. For ageing users, UPP offers assistance in case of chronic diseases. SCARPANTO offers tailored support, accompaniment and designs home-based services for ageing users who make up approx. 85% of their client population.

Goals and Methods

Both services contribute to harm reduction in their own way. UPP strives to encourage awareness (among drug users) about their health and social conditions and to provide basic harm reduction services such as syringe/needle exchange, overdose intervention, medical and legal counselling and distribution of condoms and lunch. The street operators are in the territories – observing, intercepting and establishing contact with the target in the place where they are purchasing and consuming. They can become privileged interlocutors who identify drug addicts and offer opportunities for help to individuals and/or groups.

SCARPANTO serves two main functions: providing some additional basic harm

reduction services (use of showers, washing machine) intended to stop the spread of infectious diseases (HIV, Hepatitis, Tuberculosis) and to reduce overdose-related deaths. Secondly, they encourage and stimulate individual skills on a psychosocial and social/relational level (empowerment) through creative workshops and social training. Additionally, similar to UPP, they strive to provide a more accessible network of services to refer clients to depending on their individual needs and the complexity of their problems. Special attention is paid to cases of homelessness amongst users of fragile health and/or age by designing actions for these individuals in collaboration with local (social) services to provide home attention and accompaniment interventions.

What makes this good practice example special?

The combination of a street unit that actively raises awareness and offers opportunities for medical and/or social support in the places where users gather with a low-threshold harm reduction service that offers workshops and training while the service doubles as an admission center for further referral. There is no specific programme for ageing users, but there is for those who are homeless or in an underprivileged situation (i.e. insufficient income for living).

Keywords:

For who: all drug users of legal ages, specific services for ageing users (designing home-based services, support administrative practices, accompaniment to social-health services, assistance in case of chronic diseases).

Service: Low-threshold, out-patient, street unit + admission center.

Treatment: Harm reduction services, counselling, medical care, activation programmes, designing home-based services, referral to other services.

Staff: Psychologists, medical doctors, peer workers.

Funding: Public funding.

IT – PARSEC (2 services combined)

I: info@cooperativaparsec.it

A: Via Scarpanto n° 55, 00139 Roma RM, Italy.

W: <http://www.cooperativaparsec.it>

SCARPANTO

C: Teresa Ciociola D'agostino, Psychologist.

M: ciocioladagostinoteresa@gmail.com

UPP

C: Paola Vannutelli, Community Worker.

M: paolavannutelli@gmail.com

Athens, Greece

KETHEA

About the project

KETHEA is not so much an individual project, but an overarching organization that consists of more than 100 units across 26 cities and 17 prisons throughout Greece. In general, it aims at harm reduction, prevention, early intervention and community development as well as promoting scientific knowledge, lifelong learning of professionals and raising awareness and advocacy. All KETHEA services are provided free of charge on a non-discriminatory basis.



Target group

Services are accessible to all (legal) ages and the only prerequisite is voluntary attendance and absence of severe mental health disorders. Abstinence rule is only applied to the recovery & social re-entry units and most of the clients approaching KETHEA are poly-drug users. There are no specific or tailored services for ageing drug users, but they do have access to the same services others do (i.e. not excluded based on age).

Goals and Methods

For harm reduction, there are both Mobile Units and low-threshold Centers in Athens and Thessaloniki. The core services offered here are the exchange of syringes and injectable material, psychological support, medical care, preventive health interventions and referrals to treatment programmes and health services through networking.

The recovery-oriented and family-oriented treatment services work using a therapeutic community approach adapted to the needs of the full range of Greek drug addicts. The therapeutic process addresses every aspect of a client's life – their emotional, mental and

physical health, their family and social relations, history of offences, education, employment, housing et cetera.

What makes this good practice example special?

The wide range (and 'reach') of services offered by the organization is unseen in other countries: Apart from serving as a national network for referring clients to the right services based on their profile they also provide services at the different levels of the Criminal Justice System for adults and young offenders involved in substance abuse (18 counselling programs in correctional institutions and 4 therapeutic communities at both male and female prisons, which are linked to treatment and social rehabilitation facilities operating in the community).

Additionally, KETHEA promotes scientific knowledge and professional development in the field of addiction through collaboration with national and international partners to collect and analyse data on demographics and patterns of drug use, to provide training programmes to professionals working in the field and offers international professional certification in the treatment of addiction and internships to professionals and students of Greek and foreign universities.

Keywords:

For who: all drug users, no specific services for ageing users.

Service: In- & Out-patient, referral network, national & international collaboration.

Treatment: Harm reduction, prevention, intervention, therapeutic communities, activation.

Staff: Nurses, medical doctors, psychiatrists, psychologists, social workers, peer workers, researchers, educators/trainers.

Funding: Public, private.

GR – KETHEA

C: Marina Daskalopoulou, Communications Specialist.

M: marina@kethea.gr

A: 24 Sorvolou Str., 116 36 Athens, Greece.

W: www.kethea.gr

Dronningmølle, Denmark

Kongens Ø Munkerop

King's Island Munkerop is an independent institution of "**Kongens Ø**" or "King's Island", a non-profit organization working towards prevention and treatment of addiction. This institution is running a unit specifically targeting substance users in critical circumstances, providing them with an acute intake.

Kongens Ø

About the project

King's Island Munkerop was opened in January 2013 in Dronningmølle, a seaside resort town in eastern Denmark. Accepting clients of all ages, their main mission is to help clients get a better perspective on their lives, by helping them to gain the necessary tools to manage their lives and circumstances. On average they work with 45 individuals in their in-patient program, about two-third of them are 40+ years old. Due to a 58% drop in in-patients admissions in Denmark over the last decade, the institute was able to provide solutions for patients that under normal circumstances would not receive an offer. This special service started as a 4 year model-project in coordination with the National Board of social services ('Socialstyrelsen').

Target group

The specific unit targets those that are homeless or functional homeless and provides in-patient care for up to 15 individuals. 75% of the groups attending this program receive substitution treatment in a municipal out-patient program (primarily methadone and heroin). Clients can be referred to the unit or they can apply themselves. They only exclude clients with untreated mental illness.

Goals and Methods

All treatments share a common goal: the improvement of mental, cognitive, social and physical conditions, with or without abstinence. Use of drugs other than the substitution treatment provides is not allowed. Reasons for banning can be participation in drug use on several occasions and/or violence/threats. For the specific unit the goal is to reconnect patients to family and society, as well as to find housing and connecting them to social services.

The institution consists of four buildings with individual rooms for residents, indoor common areas and outdoor areas offering options for a wide range of activities. Resident's rooms for drug-free treatment are separate from the building where detoxification and drug-free primary treatment takes place. Residents are invited to personalize their rooms and many of the rooms have a terrace and private garden. Buildings and fittings are child and handicap friendly.



King's Island Munkerop provides protected living for a total of 45 clients on average, which are divided across several groups depending on their treatment goals: abstinence or harm reduction. The treatment costs are covered by state or public funding. About 25 patients participate in a treatment targeting a lasting abstinence from drugs and alcohol. These patients are sub-divided into three groups. About 20 patients are enrolled in the harm reduction program. This group is divided into two groups: the specific unit targeting homeless patients (15 patients) and a small group with a maximum of 5 patients in long-term special care, most of which are 40+ years of age.

What makes this good practice example special?

Their focus on the individual and their inclusion of a special unit, targeting homeless individuals. Patients are met with equality by the staff members, two-third of whom are rehabilitated and have a wide range of training or education related to counselling drug addicts, combined with personal traits that make them particularly useful for this line of work.

Keywords:

For who: all ages, specific unit for drug users in critical circumstances (most of which 40+), treatment programme tailored to ageing users' needs.

Service: In-patient, protected living, separate groups, acute intake.

Treatment: Client involvement, detoxification, harm reduction, drug-free treatment, individual therapy, group therapy, wide range of activities, rehabilitation, abstinence, (social) reintegration.

Staff: social workers, peer workers, medical doctors, psychiatrists.

Funding: Public funding, State funding.

DK - Kongens Ø Munkerop

C: Michael Beringer, head of Private Institution.

M: mib@kongensoe.dk

A: Munkerup Strandvej 57, 3120 Dronningmølle, Denmark.

W: www.kongensoe.dk

Heřmaň, Czech Republic

Therapeutic Community Němčice (TKN)

About the project

The TKN project is a social service from the organization **SANANIM**, implemented with financial support of (among others) the Office of the Government of the Czech Republic and the Government Council for Drug Policy Coordination. It was founded in 1991 based on DeLeon's effective factors as the first of its type in the Czech Republic and served as a model for other therapeutic communities in the '90s. The therapeutic community provides long-term residential treatment and social rehabilitation to citizens of the Czech Republic who are unable to cope with the serious consequences of their long-term careers of (non-alcoholic) drug use.

Target group

TKN is open to the Czech population of ages 23 and up with a diagnosed addiction to illicit drugs. They target the group of long-term users with the most severe social, psychological and health damage. This group has an average age of 37 and a drug long career of 15 years of frequent using on average. Two-third of them has experience with prison and a vast majority has a lack of education, work qualification and work experience. These clients often have difficulties being accepted into other services for treatment and after care because they are considered a problem group, whereas TKN tries to focus on this group because they have the most potential for improvement.

Goals and Methods

The main mission of TKN is to heal people from addiction through personal growth, responsibility and lifestyle change. They help clients prepare for full and satisfactory participation in everyday life in society and to meet the individual needs of improvement in physical, mental and social conditions. Ultimately, the goal is to achieve long-term

abstinence from illicit drugs and alcohol, to build resistance to relapse, to acquire work habits and skills, improve social and communication skills and to realistically plan their future.

TKN provides housing for 20 clients, all cared for within a single location in the community. All clients follow a standard 12-month program with a balance of therapy, counselling, education, work training and activities provided by a multidisciplinary team.

What makes this good practice example special?

A strong focus on dynamic group psychotherapy that provides a basis for self-knowledge, personal growth and improving relationships with others. The only exception to this dynamic approach is the incorporation of weekly group sessions focusing on relapse prevention, that includes some elements of Cognitive Behaviour Therapy (CBT) such as a tool for self-reporting cravings. Clients only must pay the monthly fee if they have a regular and sufficient income – in most cases social benefits. Those that have no income are supported to apply by the community's social workers



Keywords:

For who: ages 23+, specific services for ageing users (existential approach, family programs, personal assistance, conjoint programs with members of a wheelchair association).

Service: In-patient, housing solution, drug use not tolerated. Treatment: Psychotherapy, family therapy, education, relapse prevention, activation, social & economic re-integration.

Staff: Psychiatrists, Psychologists, Social workers, Psychotherapists, Addictologist.

Funding: Public, Private, small fees from clients (only those with regular income/social benefits).

CZ - Therapeutic Community Náměnice (TKN)

C: Martin Hulík, Head Therapist, Addictologist.

M: hulik@sananim.cz

A: Heřmaň 36, 398 11 Heřmaň, Czech Republic.

W: www.sananim.cz

Vienna, Austria

Liaison service Konnex

About the project

Konnex stands for being connected, establishing a sense of coherence and staying in contact. To achieve this, the service cooperates with interdisciplinary partners and organizations to build bridges between addiction services and the Viennese health-care and social sectors. They also provide training to service employees through team meetings, workshops. Their experts tailor these training offers individually to the respective institution. In 2011 and 2012, Konnex proactively contacted all care facilities in Vienna to offer its services.

Target group

This example does not work with drug users themselves, apart from specifically requested (rare) cases by the respective care facility. Instead they target multipliers working in the fields of services for homeless drug addicts, in- and outpatient nursing care, addiction medicine, substitution treatment and psycho-social-support services. They train nurses, social workers and physicians that are working with ageing drug users and other clients and has a special focus on institutions not (yet) specialized in promoting services for ageing drug users and substitution patients.

Goals and Methods

In general, their services aim to support the multipliers by improving their skills and knowledge on harm reduction, drug-related issues, substitution substances, age-related actions and interactions of drug consumption and specific needs of ageing drug users. Trainers are experienced and ongoing practitioners in the field of drug abuse and substitution treatment and are trained in motivational interviewing (MOVE-trainers). Konnex provides on-site trainings on a regular basis and helps the multiplier to develop, implement and maintain guidelines and standards. Apart from group trainings they offer individual counselling on site ('in-house'), by phone and/or email.

What makes this good practice example special?

Konnex has already contributed to successfully reducing the barriers to health-care services and social system for drug users and substitution patients. They also established several task groups that develop more specific guidelines for employees and facilities of the Vienna social and health care system, on topics such as dementia, isolation & exclusion and addiction & the elderly. One of these, a guideline on specifics for the care of older drug users in nursing homes, has since been made obligatory to all Viennese facilities in the health-care and social sector. This is a good example of a supportive service that shows potential in the process of de-stigmatization and normalization of ageing drug users.



Keywords:

For who: professionals, multipliers in fields of service for (ageing) drug users.

Service: Supportive service, all professionals in field, tailored training offers.

Method: Specialist counselling, connecting services, supervisions, case briefings

Staff: Specialists, practitioners in field.

Funding: Public

AT - Konnex

C: Georg Preitler, Social Worker.

M: georg.preitler@sd-wien.at

A: Modecenterst. 14 Block B; 1030 Wien, Austria.

W: www.sdw.wien

Leeuwarden, Netherlands

VNN Polyclinic Leeuwarden

About the project

A polyclinic of the Dutch Foundation for Addiction Care North-Netherlands (**Verslavingszorg Noord Nederland**), situated in the city Leeuwarden. **VNN** represents a wide range of (professional) disciplines, enabling them to treat a broad spectrum of problems. By connecting clinical psychologists and psychiatrists to specific teams, comorbidity of addiction and mental health problems can be addressed as well.



Target group

The clinic serves clients from the general adult population, though tailors the treatment programme specifically for ageing drug users while adding more screening and monitoring for those aged 55+. They also accept clients with concurrent psychiatric problems.

Goals and methods

VNN aims at the prevention and cure of all addictive behaviour in all ages, offering clients cognitive behavioural therapy (CBT), individual or in groups. Other goals are activation through running therapy, involving family members in the treatment and social-economic re-integration through counselling with job coaches. They connect a broad range of professional disciplines to provide support and treatment.

At intake, clients undergo a somatic screening (USS), a physical examination and lab testing. For ageing users (over 55), a medical check is added, a cognitive screening (Montreal Cognitive Assessment, MoCA) and a medication review by addiction doctor or geriatric psychiatrist. CBT is somewhat adapted to an elderly population by incorporating specific themes with regard to their stage of life (existential themes).

What makes this good practice example special?

A strong focus on 'somatic suffering'. At intake, several screenings are performed, including those specifically for assessing somatic pain. For ageing users they have started a group therapy 'Continuing Fresh' that focuses on peer contact, life story and stage of life.



Keywords:

For who: all legal ages (18+), specific services for ageing users (extensive medical and cognitive screening, programme tailored to elderly population with existential themes).

Service: Both out-patient and in-patient.

Treatment: Counselling, Medical care, activation programmes, group activities.

Staff: Nurses, medical doctors, psychiatrists, psychologists, social workers.

Funding: Health insurance.

NL – VNN polyclinic Leeuwarden

C: R. Risselada, Psychiatrist.

M: r.risselada@vnn.nl

A: Oostergoweg 6, 8932 PG Leeuwarden, Netherlands.

W: www.vnn.nl

Frankfurt, Germany

Betreutes Wohnen Kriegstrasse

About the project

Kriegstrasse is one of IDH e.V.'s institutions. IDH e.V. addresses drug users of all ages that are long-term dependent on illicit drugs, providing harm reduction, prevention programs for self-controlled reduction in drug consumption and vocational trainings. IDH e.V. also cooperates with regional partners to implement new projects. Kriegstrasse provides in- and out-patient assisted living for up to 45 clients, where the focus is to improve the daily structure of clients and encourage personal development. Target group

Although the service is not exclusively for ageing drug users, the average age of clients is generally over 40 years old. The service is still accessible for drug users with concurrent mental health issues (comorbidity) and also for users with disabilities. Kriegstrasse provides 28 (barrier-free) apartments, 5 of which are wheelchair accessible and supportive services for 23 out-patient clients. Rent is to be covered by unemployment insurance, social welfare office or by clients themselves.

Goals and Methods

Kriegstrasse cooperates with clients, outpatient care providers and with practitioners to assess and evaluate needs and demands of new clients. This is the basis for the individual case management. This does mean the treatment is different for each client, however there are some general goals: (1) improvement of self-development; (2) assisting clients in improving skills; (3) helping clients to participate in their community and (4) encouraging clients to live a more self-determined life – i.e. supporting them to care for their personal hygiene, belongings, financial situation, social contacts etc.

For ageing drug users who are not able to work, Kriegstrasse provides a more tailored program, focusing on the promotion of daily structure, occupation and a healthy lifestyle. Additionally, they provide various participation-

oriented and community-work based interventions supporting clients to (re-)integrate into their neighbourhood.

What makes this good practice example special?

Firstly, the choice to offer assisted living for both in- and out-patient clients. Secondly, taking into account the increased risk ageing drug users have for (nursing) care dependency, establishing cooperation with out-patient care providers and practitioners as well as making sure all apartments are barrier-free to accommodate for less abled clients.



Keywords:

For who: all ages, specific services for ageing users (housing project, cooperation with outpatient care for substitution therapy).

Service: In-patient & out-patient, assisted living, comorbidity accepted, drug use tolerated.

Treatment: individual case management, counselling, long-term treatment, activation, social & economic reintegration.

Staff: Nurses, psychologists, social workers, peer workers (paid).

Funding: Public.

GER- Kriegstrasse (2 contact persons)

A: Kriegstrasse 44-46, 60326 Frankfurt am Main, Germany.

W: <http://www.idh-frankfurt.de/kriegstrasse>

C: Jörg Schmidtman, Project Manager
M: j.schmidtman@idh-frankfurt.de

C: Gabi Becker, Director of idh e.V.
M: g.becker@idh-frankfurt.de

Gevelsberg, Germany

Haus im Stift

Stiftung Bethel
(Bethel Regional Foundation)

About the project

Haus im Stift is a housing project located in the heart of the historic village center of Gevelsberg, only a few minutes' walk from the city center with all shopping facilities and comprehensive medical care as well as cultural offers. Bus and train are within walking distance and there is close cooperation with the neighbourhood as well as with parishes, the municipality, authorities, businesses, counselling and therapy facilities, clinics, colleges and doctors.



Target group

Haus im Stift is aimed at chronic multi-addicted people (CMA). They are assisted to find their own way of life and to feel well despite their addiction. The duration of their support depends on the individual need for assistance and the course of development. If necessary, this can be done in the long term in a dorm or in a single room. Clients have permanent reference persons for the entire period of cooperation. For aging drug users, they offer substitution therapy and some activities are tailored to this group (activation, group activities).

Goals and methods

The assistance and participation setting of the institution is designed in such a way that it is present in the respective environment and is not excluded from people with chronic

multiple impairments and / or essential mental disabilities due to their assistance and participation requirements. They design individual service arrangements with internal and, if necessary, also with external cooperation partners. The housing project offers 24 in-house places and outpatient assisted living in cooperation with the community-oriented service Hagen / Ennepe-Ruhr. The residential offer includes single rooms and apartments, rooms for daytime development and employment offers, occupational therapy, leisure and community activities.

What makes this good practice example special?

The needs of the different age groups are covered in adapted offerings (for example training of cognitive abilities, shopping trips or similar). In addition, all clients take part in offers and everyday-life together. In the case of elderly or heavily pre-aged drug addicts, they need to provide further education, mostly to senior citizens' homes in the region, as there are no special organizations for these clients in the region.

Keywords:

For who: clients aged 30-60, specific services for ageing users (opioid substitution, adapted offers, cognitive training).

Service: In-patient, housing project, out-patient assisted living, holidays in small groups.

Treatment: Medical care, social care, substitution therapy, activation programmes, group activities, accompaniment to services.

Staff: Nurses, social workers, geriatric nurses, family care workers, social care workers, addict assistants, student assistants.

Funding: Public.

GER – Haus im Stift

C: Christina Kulbarsch, Coordination.

M: christine.kulbarsch@bethel.de

A: Im Stift 8; 58285 Gevelsberg, Germany.

W: <http://www.bethel-regional.de/einrichtung/dienst-details-108/items/haus-im-stift.html>

Unna, Germany

Projekt LÜsa

Verein zur Förderung der
Wiedereingliederung
Drogenabhängiger e.V.



About the project

Projekt LÜsa is located in the low-threshold drug-treatment and a member of "Akzept e.V.". This federation's goal is the creation of social conditions in which a dignified life,

free of discrimination, is possible for all people, including drug users. They have social visions and support a rational drug policy, which aims at overcoming the prohibition policy with innovative technical approaches.

Target group

The service is for general population, though they do offer specific services for ageing drug users (tailored In-patient services, Out-patient assisted living and daily structure program). They only work with clients with double diagnosis (physical and/or mental illness) of which over 65% are aged 40+ on average. It is forbidden to consume legal and illegal drugs in the institution/ -rooms.

Goals and methods

The UN-BRK guarantees all people autonomy, independence, freedom to make their own decisions and the right to participate. Projekt LÜsa promotes alternative life concepts, democratic and socially responsible thinking, acting and commitment. Their objectives are to ensure survival, minimize risks for clients and others, the creation and stabilization of compliance, the recovery of clients' self-determination, increasing the quality of life in the community and socio-economic re-integration. They provide daily structure offers through 'employment areas' such as a printing and wood workshop, creative workshop and bicycle repair shop where clients can participate.

What makes this good practice example special?

As a housing project for an especially vulnerable group: drug users with concurrent mental problems (many of whom from a long drug career) and their orientation on acceptance and community life, "professional family rehabilitation" with a solution-oriented approach, bringing daily structure/employment offers while functioning as a service for the social network in the community.



Keywords:

For who: drug users with comorbidity, tailored services for ageing users (daily structure program, out-patient assisted living).

Service: Out-patient, In-patient.

Treatment: medical care, psychological care, social care, substitution therapy, housing project, harm reduction, activation programmes, group activities, daily structure programme.

Staff: Nurses, medical doctors, psychiatrists, social workers, peer workers (paid & voluntarily), ergotherapists, curative educators.

Funding: SGB XII §53 (supra-local welfare).

GER - Projekt LÜSA

C: Anabela Dias de Olivera, Dipl. Social Worker.

M: Projekt-luesa@t-online.de

A: Platanenallee 3, 59425 Unna, Germany.

W: www.luesa.de

Pforzheim, Germany

Plan B gGmbH

Addiction and life aid

About the project

Plan B gGmbH was founded on 01.12.2014 with the following aims in the statutes: The purpose of the society is to create, support and entertain facilities for addicted and addictive people in the district and the Enzkreis, as well as to take appropriate measures to these people Effectively. The purpose of the society is in particular achieved through: health education, preventive measures in cooperation with other institutions such as youth welfare, integration of the social environment of affected persons, local networking with organizations and institutions involved. Plan b gGmbH is a subsidiary of the AG Drugs Pforzheim eV. Plan B gGmbH now has 5 different workplaces, which either directly carry out search assistance (youth and addiction counselling) or at the interfaces youth assistance, health promotion prevention or early intervention.

Target group

The services are available to young drug addicts, people with overall addiction problems, parents and relatives, young people in the neighbourhood, homeless youths and people with eating disorders. For ageing users, there are specific services available (Psychosocial accompaniment, substitution in 2 doctors' practices, Contact Room LOFT). The target group of long-term dependent people is at the same time threatened by poverty and exclusion, which Plan B gGmbH tries to break up through their contact offers.

Goals and methods

The main goal is to ensure a supply of (young) people with a wide range of addiction needs and problems, as well as to make this provision of care as efficient and effective as possible. It is essential to improve the quality of life of those affected. They offer consultation to affected persons and relatives. After the second contact a diagnosis is made and recorded in data processing systems. To evaluate the impact of the consultation work, they have developed their own surveys. The contact room LOFT

(for ageing users) mainly functions as a help service that creates individualized contact offers that can consist of practical help with basic tasks (eating, washing, showering, etc.), to influence their social conditions (contacts, housing, health care, poverty reduction), accompaniment and qualification for an independent lifestyle.

What makes this good practice example special?

Plan B gGmbH is guided by the principle of normalization: the promotion of integration into "normal" references and the equitable participation of people with addiction in the social life, reducing prejudices in society. They confront their clientele with the reality, the "normal" social obligations and requirements.



Keywords:

For who: all users and their parents/relatives, specific services for ageing users (Psychosocial accompaniment, substitution in 2 doctors' practices, Contact Room LOFT). Service: Out-patient, In-patient, abstinence rule. Treatment: Counselling, medical care, harm reduction, activation programmes, group activities. Staff: Medical doctors, psychiatrists, psychologists, social workers, peer workers (voluntarily). Funding: Public, private, aids for education (SGB VIII), integration services (SGB XII), individual case settlement with DRV (SGB VI).

GER – Plan gGmbH

C: Harald Stickel, Managing Director/
Dipl. Social Worker
M: Harald.stickel@planb-pf.de
A: Schießhausstraße 6,
D- 75713 Pforzheim,
Germany.
W: www.planb-pf.de

Düsseldorf, Germany

SKFM Düsseldorf

Drug counselling 'Komm-pass'

About the project

The Social Service of Catholic Women and Men Düsseldorf, founded in 1903, is the bearer of a network of services and institutions for youth, family and those 'endangered' or on welfare. In this network there are approximately 260 full-time and approximately 160 honorary employees. **The SKFM Düsseldorf e.V.** is specialist organization in the German Caritasverband. The drug counselling center "komm-pass" is part of the alliance system of the SKFM Düsseldorf e.V.

Target group

Everyone from Düsseldorf that has questions about or problems with illegal drugs. For older drug users they offer individualized case management (CM3), tailored psychosocial support ('PSB') and therapy recommendations.

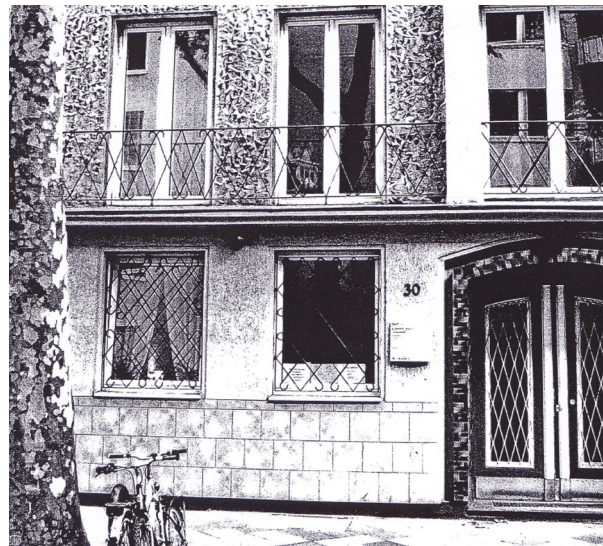
Goals and methods

The "komm-pass" is an abstinence-oriented drug counselling center. The basic conviction that abstinent life can be designed for every person carries the daily work at the counselling center and is the right for all employees who feel committed to it. This basis is not in contradiction with the fact that a drug free life for many dependent people can only be implemented in the long term. The period for this development cannot be predicted in terms of its length or quality. The methods in the work are dependent on the age and personality of the client, the consummate pattern and the frequency of consumption, the desire, the need and the planning of the clients, as well as their possibilities.

What makes this good practice example special?

At the 'Psychosoziale Betreuung (PSB)' or during psychosocial support, a contract with the client is concluded, which keeps the obligations of the client as well as the institution. The client thus commits himself to the cooperation and naming of goals, which he would like to reach with the support of the consultation. Particularly

in Case management, the goals and the individual steps towards the achievement of these goals are documented, whereby the self-commitment of the client increases, but they also experience the value of their needs. In addition, SKF Düsseldorf has developed complaints management. The clients have the possibility, in written and anonymous form, to present their complaints directly to the management.



Keywords:

For who: users of all ages, as well as their family; tailored programme for ageing users through individual case management

Service: In-patient, out-patient, parents café, training offer 'Move'.

Treatment: Counselling, substitution therapy, psychotherapy, outreach work

Staff: social workers, peer workers (voluntarily), pedagogues.

Funding: Public.

GER – SKFM Dusseldorf

C: Hanne Sandweg, Dipl. Pedagogue.

M: Sandweg.hanne@skfm-duesseldorf.de

A: Charlottenstraße 30

40210 Düsseldorf, Germany.

W: www.skfm-duesseldorf.de

Nantes, France

CHUNantes

University Hospital Center of Nantes

About the project

The addictology department of the University Hospital Center (CHU) of Nantes offers comprehensive addiction treatment, both for addictions to a psychoactive substance (legal and illegal) and for behavioural addictions (eating disorders, pathological gambling, sexual addiction, etc.). These disorders are important to take note of as they are often badly identified, yet cause great suffering with consequences to clients, their family and their social or professional environment.

Target group

Patients admitted to care in this unit generally have addictive (substance and / or behavioural) and / or psychiatric and / or somatic comorbidity. They are accustomed to receiving patients aged 15 years 3 months to over 75 years and the inter-generational interactions prove to be beneficial to the group dynamics and recovery dynamics of each patient. For aging users, they offer tailored counselling, psychological and medical consultations, opioid substitution treatment, tailored peer support groups, 'full-time' hospitalization and day treatments.

Goals and methods

The objectives of the addiction unit are oriented towards weaning or reducing consumption and reducing risks, according to patients' clinical profiles and their own goals of care. In parallel with this clinical activity, the unit is engaged in teaching and research activities. Doctors, nurses, psychologists and social workers therefore regularly intervene to deliver training (mainly on the identification of addictive behaviours and the possibilities of care). The team is asked to participate in research protocols (local and national) on the management of patients suffering from a substance addiction. The care offered can be ambulatory (medical consultations with a psychiatrist addictologist

and / or a hepatologist, psychological consultations, follow-up nursing, home visits, groups of words, drug treatments including opiate substitution treatment (OST)) or hospital (hospitalization full time and day). Inpatient care is based on medical interviews (psychiatrist addictologist and general practitioner), nursing interviews, psychological interviews, group activities, meetings with self-help groups, home visits and drug treatments (including the TSO).

What makes this good practice example special?

The CHU in Nantes offers permanent access to health care for the most deprived. It also takes care of the persons detained within the prisons of Nantes. The center is committed to actively participate in the implementation of various health networks to promote various telemedicine and continuing care cooperation actions within the community of Nantes.



Keywords:

For who: ages between 15 years-3 months and 75 years, services tailored to ageing users' needs..
Service: Out-patient, In-patient, aged 15+, accepts comorbidity, patients in precarious situations.
Treatment: Counselling, medical care, social care, psychological care, substitution therapy, activation programmes, group activities.
Staff: Nurses, medical doctors, psychiatrists, psychologists, caregiver and Qualified Hospital Service Facilitator (ASHQ).
Funding: Public.

FR - CHUNantes

C: Jennyfer Cholet, Addiction Psychiatrist.
M: Jennyfer.cholet@chu-nantes.fr
A: 85 rue Saint Jacques, 44000 Nantes, France.
W: www.chu-nantes.fr

Pilsen, Czech Republic

Spolek Ulice Plzen

Substitution Centre (SC) & Outreach Program (TPU)

About the project

These are two projects from the same organization. **SC** is a substitution center that provides treatment for opioid addicts that test negative for methamphetamine. Their aim is to motivate clients to abstain from addictive drugs, improve their health and work towards social stabilization. **TPU** is an outreach program that focuses on harm reduction of their lifestyle and contribute to the protection of public health.

Target group

TPU works with drug users and sex workers aged 15+, whereas for SC the target group is opioid addicts of ages 18+, primarily clients who are long-term dependent on opioids with risk behaviour that have been unsuccessful in attempting to stop or are not interested in (abstinence-oriented) treatment. Even though they do not offer specific or tailored services for ageing users, on average this group makes up 20-30% of these services' respective clientele.

Goals

To clients

- Motivating clients to change their lifestyle
- Taking responsibility for their life
- Improving their social situation
- Improving relationship and communication skills
- Preparing clients to initiate a treatment regimen that would lead to detoxification or abstinence without the use of a substitute substance
- Psychosomatic stabilization and treatment of clients

To the community

- Applying Harm Reduction
- Reducing crime and thank to reducing public expenses
- Raising awareness among the public
- Change of the legislative framework by active participation in the expert sections



To the professional public

- Raising awareness and education
- Establishing co-operation
- Knowledge and use of the existing network of health and social services
- Participation in research activities
- Active participation in expert sections and in working groups

What makes this good practice example special?

SC works with collaborative organizations, including active cooperation with the psychiatric clinic of the university hospital in Pilsen ('Plzen'). TPU connects the drug and prostitution scenes and focuses on working clients' own space. A large part of their clients consist of socially excluded Roma people.

Keywords:

*For who: all legal ages, no tailored services for ageing users.
Service: substitution therapy, outreach program, harm reduction.*

Treatment: Substitution therapy, social counselling (individual & group), psychotherapy,

Staff: Nurses, Medical doctors, Psychiatrists, Social Workers, Addictologists.

Funding: Health insurance, public funding

CZ – Spolek Ulice Plzen (2 services)

W: www.ulice-plzen.com

SC

C: Marketa Ackrmannova, Addictologist/Social Worker

M: marketa@ulice-plzen.com

A: Kaznejovska 51, Plzen 32300, Czech Republic

TPU

C: Jiri Frybert, Outreach/Social Worker.

M: jirka@ulice-plzen.com

A: Uslavska 31, Plzen 32600, Czech Republic

BeTrAD



This project has been funded with support from the European Commission.
This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.