

# BeTrAD

*Better Treatment  
for Ageing Drug User*

## Best practices collection

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Fundació Salut i Comunitat - FSC

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*Technical staff member*

# Best practices collected - Spain

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Questionnaires	
sent	198
collected	55
selected	10
interesting	25
left out	20

Those services classified in the group “interesting” might be useful in some other phase of the project, such as assessment or multiplying events.

# SPECIFICATIONS OF ORGANISATIONS WHO ANSWERED

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## MAIN TARGET GROUPS:

- Adult drug users (specifically).
- Adult drug users (not specifically).
- Families of drug addicts.
- Double diagnosis
- People with Aids.
- Women.
- Prisoners, released prisoners.
- Homeless drug users.

# SERVICES PROVIDED

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## OUT PATIENT TREATMENT

- Support, orientation and therapy.
- Comprehensive care with individualized monitoring from areas of Nursing, Social, Educational, Medical and Psychological.
- Drug free treatments.
- Therapeutic Groups.
- Psychopharmacological treatment
- Substitution treatment with opioids (Methadone).
- Harm reduction services.

## RESIDENTIAL TREATMENT

- Assessment by Psychiatry and a complete psychological and neuropsychological evaluation.
- Quick and bidirectional referral to other hospital services (Neurology, Hepatology, Sleep Unit, Neuropsychology...) in order to carry out an integral treatment of these patients.
- Double diagnosis care.
- Monitoring by nurses on toxic controls, basic hygiene habits, diet, sleep, etc., and are also related to the social worker in charge.

# METHODOLOGICAL ASPECTS

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- ❑ Methodology based on the cognitive-behavioural models, which focus on the educational and re-educational factors and is oriented to reinsertation.
- ❑ Emphasis on group, group cohesion and interrelations among its members to promote social learning.
- ❑ Occupational therapy.
- ❑ Individual and group therapeutic intervention.
- ❑ Mental Health: specialized treatment
- ❑ Personal autonomy: Recovering or acquiring habits of self-care, domestic economic management and leisure...
- ❑ Cognitive stimulation: memory, attention, concentration...
- ❑ Peer support

# BARRIERS INDICATED

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- ❑ More **organic and psychic pathologies**.
- ❑ Larger **use of the health network**.
- ❑ Higher rate of **cognitive disability**.
- ❑ **Difficulties** in the development of **daily activities**.
- ❑ Strong economic precariousness (situation of homelessness).
- ❑ **Lower motivation** towards the treatment.
- ❑ **Strong difficulty in having a social network**.
- ❑ **Difficulty** in their **occupational reintegration**.
- ❑ **Difficulty** to participate in **group responsibilities** and those that require more physical or mental capacity.

# NEEDS INDICATED

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- Sustainability of funding.
- Lack of training of health professionals in other areas in relation to the negative consequences of these pathologies, etc.
- Older drug users do not feel comfortable in centres, because these centres haven't been designed to provide care for people like them. There is a need for more specialised units for people who use drugs and are getting old.

# BEST PRACTICES COLLECTED - GREECE

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Questionnaires	
sent	16
collected	2
selected	2
left out	0



# BEST PRACTICES COLLECTED - GREECE

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## MAIN TARGET GROUPS:

- Adult drug users (not specifically).
- Adolescents
- Women, pregnant women.
- Parents of minors, including HIV+, HCV+, HBC+, and double diagnosis
- Occasional drug users.
- Working drug users.
- Prisoners, released prisoners.
- Migrants refugees, homeless drug users.

# SERVICES PROVIDED- GREECE

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- Counselling
- Medical care
- Psychological and mental care
- Harm reduction services
- Activation programmes
- Social care

# METHODOLOGICAL ASPECTS - GREECE

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- Harm reduction through Mobile Units and Low Threshold Centers.
- All treatment is voluntary and free of charge, criteria are purely medical.
- A few units follow a Therapeutic Community inspired model.

# BARRIERS INDICATED - GREECE

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- ❑ Effects of the **economic crisis on the physical and mental health** (rising unemployment and fall in income -> **increase in depression, suicide rates and the use of legal and illegal substances. Infectious diseases, such as Hepatitis C).**
- ❑ **Cheap substances, such as Sisha**, a combination of methamphetamine and dangerous chemicals, also called the **“drug of the poor”**.
- ❑ **Discouragement of drug users** from contacting **treatment and rehabilitation services**.
- ❑ High unemployment makes rehabilitation of former drug users even more difficult, **increasing the risk of a relapse**.

# NEEDS INDICATED - GREECE

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- Lack of funds.
- Lack of experience. Most clients over 45 came in 10-20 years ago, at a younger age.
- Now the mortality rate is 10 times lower and they reach ages up to and over 65 years old, dying not by drugs but by cancer, liver diseases and heart diseases. We don't have much experience with those phenomena in the specific population.

# BEST PRACTICE COLLECTION - ITALY

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Questionnaires	
sent	15
collected	7
selected	7
left out	0

# BEST PRACTICE COLLECTION - ITALY

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## MAIN TARGET GROUPS:

- Adult drug users (not specifically).
- Younger users.
- HIV/AIDS users.
- Users' families and friends.
- Sex workers.
- Prisoners.
- Migrants.
- Homeless.

# SERVICES PROVIDED - ITALY

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- ❑ Day Care Centres for drug addiction treatment.
- ❑ Street Prevention of pathologies related to Dependencies.
- ❑ Prevention, treatment and rehabilitation of patients with addiction to legal and illegal psychotropic substances and compulsive behaviors.
- ❑ Care services for HIV and other infectious diseases.
- ❑ Residential and semi-residential therapeutic communities.
- ❑ Opioid substitution therapy (methadone).
- ❑ Centre for first assistance and counselling.



# METHODOLOGICAL ASPECTS - ITALY

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- ❑ **Multidisciplinary approach** therapeutic interventions, adapted to the different needs.
- ❑ **First level interventions** such as lunch, shower, washing machine, changing clothes, etc.
- ❑ **Connection to the network of services on the territory** by second level intervention such as workshops, talks, etc.
- ❑ **Home attention and accompaniment** interventions for those users and family households in an underprivileged situation.
- ❑ **Harm Reduction and low-threshold intervention. Therapy tailored** to the subject and not the other way around.
- ❑ **Peer-to-peer approach** and a flexible approach to treatment.

# BARRIERS INDICATED - ITALY

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- Reduction or **loss of autonomy**.
- The **problem** concerns the impossibility of those users who have been diagnosed with chronic illness and are temporarily disabled.
- No relatives or friends or a support network** to help them.
- Social marginality and poverty**.
- The risk of staying **out of housing** following the loss of elderly parents.
- The main barriers we face are related to the **stigma and discrimination**.

# NEEDS INDICATED - ITALY

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- Overdose prevention and management is difficult, since the use of Naloxone is still allowed only to health staff (nurses, doctors). **Trained peer and outreach workers** would be necessary in the administration of Naloxone for overdose interventions.
- Need for **financial resources** that allow the continuity of the service and the creation of new programmes to help people who find themselves in difficulty.
- Incapability for supporting everyday life for this patients who are getting older. **More studies** for validating an assessing instrument for the evaluation **of the care needs of this population** would be necessary.

# BEST PRACTICE SELECTED

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## PROGRAMME OF SUPPORT TO DRUG DEPENDENT OLDER ADULTS VALL D'HEBRON UNIVERSITY HOSPITAL

# BEST PRACTICE SELECTED

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## CHARACTERISTICS OF THE SERVICE

- Service targeting aging drug users specifically
- Services addressed
  - Counselling
  - Medical care
  - Psychological and mental care
  - Opioid substitution therapy and/or other
  - Harm reduction services
  - Activation programmes
  - Neuropsychology
  - Group therapy
  - Social support
  - Specialised medical services
  - Ongoing psychiatric support

# BEST PRACTICE SELECTED

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## CHARACTERISTICS OF THE SERVICE

Created in 2015 with the purpose of responding to the growing demand of elderly patients with consumption problems.

Some cases are related to psychiatric pathology

Objective:

- To offer a specific and comprehensive treatment to an already complex and extremely vulnerable population
- The programme has tried to generate a source of quick and bidirectional referral with other hospital services (Neurology, hepatology, sleep Unit, Neuropsychology) for a integral treatment of patients



# BEST PRACTICE SELECTED

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## SPECIFIC INTERVENTION

- Neuropsychological screening assessment at arrival and follow-up at 6 months.
- Shorter time in between visits (medical, psychologist, psychiatrist, etc.)
- They are setting up a therapeutic group.



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## Final page