Effective Treatment Options – The European Experience

Moscow

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The Czech Republic in the heart of Europe

EU model – evidence based

- Out of 100% of people who tried drugs, only 10% get to chronicle stage
- There are two significant subgroups
  - Primary mental health problems - up to 50%
  - Socially deprived and/or excluded group
- Drug problem is a bio-psycho-social (BPS) one – medical diagnostics are not enough. Need for an ASSASSMENT approach

Conformance of the successful programme
Evidence-based (3 Bs)

Balanced Timetable

- Therapy work (Therapy groups and individual)
- Manual work
- Free time

Balanced Approach

- Multidisciplinary team – different professional backgrounds - balance medical, psychological, educational and social care. Only 5 – 9% purely medical interventions
- Internal and external staff (some activities useful to have handled by external staff, e.g. certain therapy, psychiatrists and other specialists, team supervision)
- Clear team protocols and procedures
- Managerial standards (recruitment, passing information, team work, team building, individual training plan
- Health care

Conformance of the successful programme
Evidence-based (3 Bs)

Balanced approach to physical and mental wellbeing

- Co morbidity problems
- Mental health (eating, sleeping disorders, depression, anxiety, other mental health problems, personality disorders)
- Physical health (transmittable diseases – HIV/AIDS, liver diseased – Hepatitis, dental problems…)
- Healthy life style (nutrition and physical activities)

The ALPHABET of the EU model today

- **A**bstinence vs. individual client
- **B**PS model of work
- **C**ommunity cooperation (meaning local public services, professionals as well as general public)
- **D**ifferences to be taken into consideration – different drugs, different cultures, races, social status…
- **E**arly detection**!!!** – dealing with the syndrome of the hidden population (low number of problematic drug users come to high care services alone – 70% of our clients stop using without TC help)

THE ALPHABET of the EU model today

- **F**ocus on a process - treatment is not necessarily always abstinence based in all stages, more person/individual plan centred, working through Motivational Interviewing
- **G**aining professionalism
  - success rate among those entering high care treatment is approx. 60 – 70% of measurable changes in the TC
  - reaching **Minimum Standards**! = understanding: balance between HEART and MIND = combining the two: high motivation of staff but clear protocols, procedures and rules!

European model - THE GREAT Qs ???

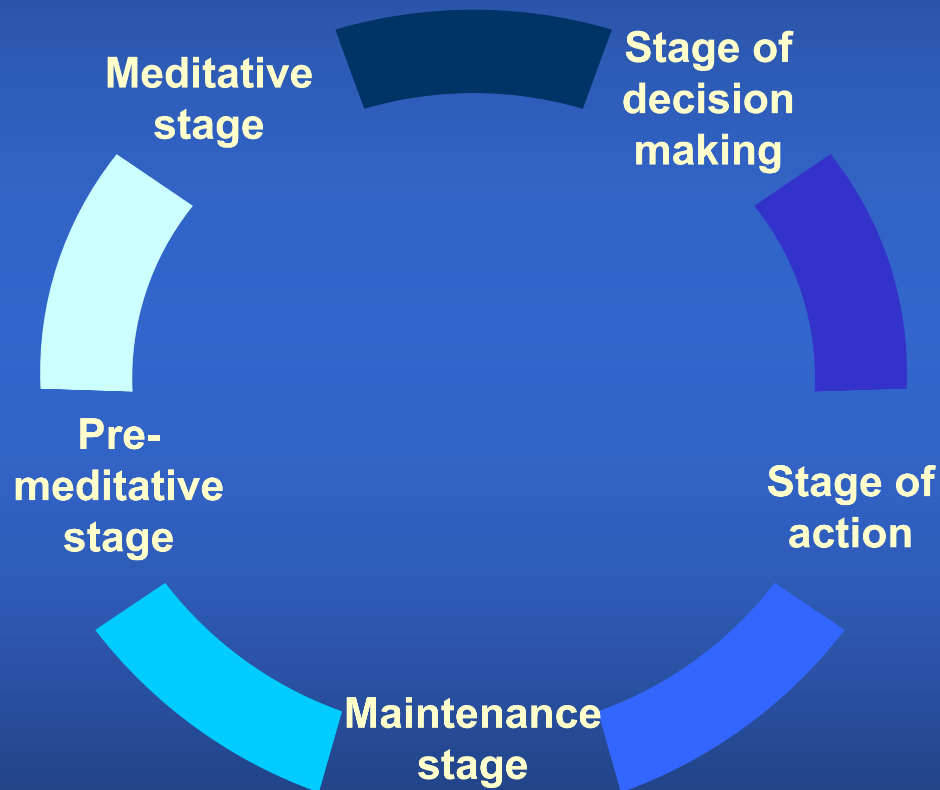
Caring for topics such as:

- Timed entry – client prepared, assessed and referred from a community based (out patient) project (drop in like) - success doubled!!!;
- Co morbidity (are all our clients fit for the TC „hard line“, day top like programmes, can they all abstain);
- Who should be our clients & when;
- Motivation, premature drop out, after care;
- Individual planning – client is a co-author;
- Clear standards, protocols & procedures of the TC attached clearly to their school of thinking – therefore measurable outcomes;
- Multidisciplinary approach – (medical, psychological, educational, social, self support…“spiritual?“);
- Community awareness - Information campaign aimed at
  - Drugs awareness = Challenging the public attitude lowering risk behaviour among IDUs, working through Motivational Interviewing
  - towards IDUs and HIV positive people

Theoretical background BPS model

- Assessment – process of drug problem development:
  - History of a drug use
  - Stages of drug problem
  - Development of awareness of the drug problem
  - Co morbid problems
  - Indication to effective intervention

Implementing motivational interviewing philosophy in the assessment - Stages of the awareness of client's own situation



Theoretical background – BPS model

- What do we work with? Is it only drug addiction/dependency?
  - — Withdrawal – physical addiction
  - — Craving - psychological
  - — Flashbacks
  - — Overdoses
  - — Social context issues – changes in traditional social structure = family, education, job situation, peer environment/socializing
  - — Chaotic life style
  - — Criminal behavior
  - — Risky behavior in drug use, sex…
  - — “Spiritual emptiness…”

Theoretical background – forms of interventions

- Medical
- Psychological
- Educational
- Social
- Self-support
- Spiritual

European model today
BPS model in practice

- Integrating both abstinence and Harm Reduction model = services run different programs = indication for services/interventions depend on:
  - Good assessment of individual client situation = case management – work with a care plan in the community
  - Possibility of (clients) choice
- Client has a right to be the co-author
- Drug demand reduction policy/strategy has to reflect the need of:
  - Service Users
  - Service Providers
  - Service Donors

Network of Services

Working with a drug user is a process

Prevention and HR

- Prevention Centre
- Low threshold centre Drop-in centre (inc. Club “Sklenik”)
- Street work/out reach (inc. Synthetic drugs prevention)

Treatment

- Day care (inc. Methadone programme)
- Psychiatric clinic
- Therapeutic community
- After-care centre
- Skills learning and supporting employment

Other services

- Drug services in prison
- Skills learning center
- Pastoral (spiritual) care
- Self-support groups and advocacy

Our values…

- Regard for human life
- Assistance and support for people
- Primary human ethical principles based on the European culture
- Tolerance, respect and equal opportunities
- Openness
- Trust
- Innovation and creativity
- Professionalism and professional ethics
- Team work
- Transparency
- Perseverance and courage

…and the determination to survive each day as it comes

Jindrich Voboril

***“Therapeutic community is institutionalized treatment based on structured programme*….though it should be process oriented.**
In other words, it is not the form which makes the treatment but understanding”