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**DEVELOPMENT AND IMPLEMENTATION OF A SOCIAL INTEGRATION POLICY FOR PERSONS WITH  
PROBLEMATIC SUBSTANCE CONSUMPTION  
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**SENDA**

Ministerio del Interior y  
Seguridad Pública

# **DEVELOPMENT AND IMPLEMENTATION OF A SOCIAL INTEGRATION POLICY FOR PERSONS WITH PROBLEMATIC SUBSTANCE CONSUMPTION**

## **SENDA CHILE**

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Consumption of Drugs and Alcohol***

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# Background: a little bit of history...



## **Beginnings**

- Work begins on this topic
- Strategy of opening doors
  - Focus on labor processes

## **Model**

- Consolidation of the model
- Scaled to the entire country

## **Implementation**

- National seminar on best practices
- International consulting
- Investigation Project to generate technical social integration working tools in treatment centers
- New conceptualization developed on the topic
- Methodologies to be incorporated in treatment processes developed
- Topic incorporated into the new National Drug Strategy



2012-2013

2014

## **Policy**

## **Consolidation**

Design a Social Integration policy for persons with problematic substance consumption. Policy begins to be implemented in 4 regions of the country, kick starting a national Social Integration Policy

Consolidated policy on Social Integration  
Implemented in 5 regions of the country  
Works to further incorporate the policy and adjust to the new National Drug Strategy  
1st International Seminar on Social Integration held in the city of Valdivia  
Declaration of Valdivia was signed

# SOCIAL INTEGRATION PUBLIC POLICY

## Lines of development:

**“Chile  
Integrates”  
Program**

**Social  
Integration  
Program for  
vulnerable  
adolescents**

**Reducing the  
stigma of  
persons with  
problematic  
consumption**

**Social  
Integration  
Program in  
community  
contexts**

# SOCIAL INTEGRATION POLICY: "CHILE INTEGRATES"



## DIRECTED TOWARDS:

- Adults linked to problematic consumption treatment programs.



## Pillars:

1. Institutional Framework
2. Conceptual Framework
3. Programmatic Structure
4. Management Model
5. Intra- and Inter-institutional Coordination (networks)
6. Assessment/ Training
7. Budget
8. Evaluation



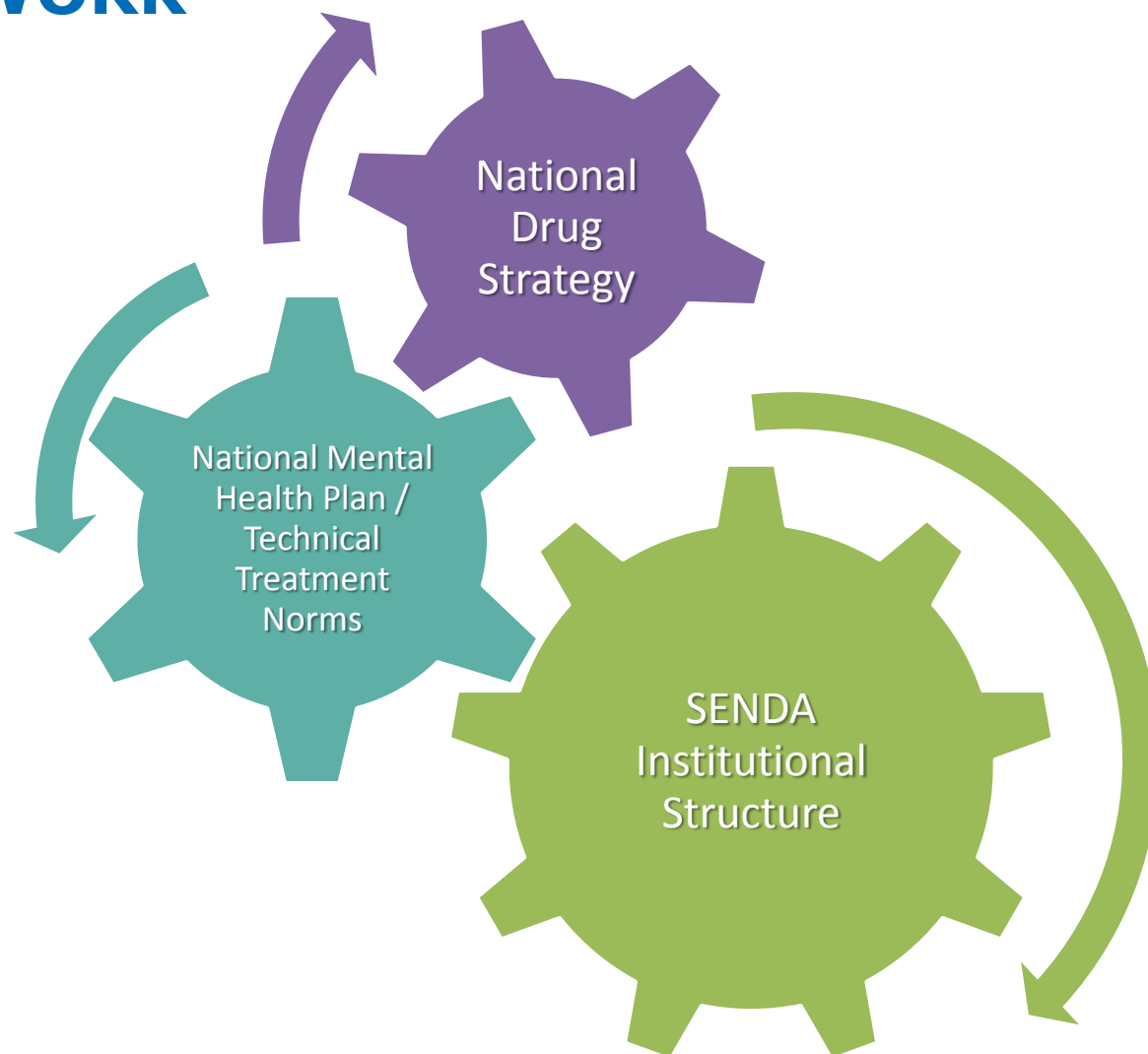
## LOCATION:

### CRITERIA:

- Feasibility
- Diversity

- Regions that have implemented since 2012
- Region that will incorporate it in 2014

# 1. NORMATIVE AND INSTITUTIONAL FRAMEWORK





## 2. CONCEPTUAL FRAMEWORK



Recovery

Exclusion



Social  
Integration

# RECOVERY: What is it?

- A process of change through which an individual achieves abstinence or a change in the pattern of consumption, improves his/her health, wellbeing and quality of life. Implies that *the achievements reached during treatment are sustained over time*. (SAMHSA).
- Voluntary maintenance of a lifestyle that, more than just considering abstinence, or a change in the pattern of consumption, and health, also incorporates the *exercise of citizenship* (Betty Ford Institute).

# EXCLUSION: Why?

## Prejudice, Stigma, Discrimination

- The development, construction, and reproduction of stigmatizing arguments belong to all societies.
- It is a social construct of societies, a development based on beliefs that deal with groups in development.
- The construction of a **stigma** is often refers to a profoundly discredited attribute of a group considered “outside” the norm.
- For its part the **prejudice** shines a light on the affect or negative evaluation of a group. The stigma is the expression and rationalization of a prejudice.
- Finally, **discrimination** is directly related to the behavior; it would be conduct such as the lack of equality in the treatment according to persons by virtue of belonging to the group or category in question

## Definition of exclusion:

- A person is socially excluded if “impeded in participating fully in the economic, social and civic life and/or if income and other resources (personal, familial and cultural) are so limited as to prevent enjoyment of a level of life considered acceptable by the society in which the person lives.”

# SOCIAL INTEGRATION: How?

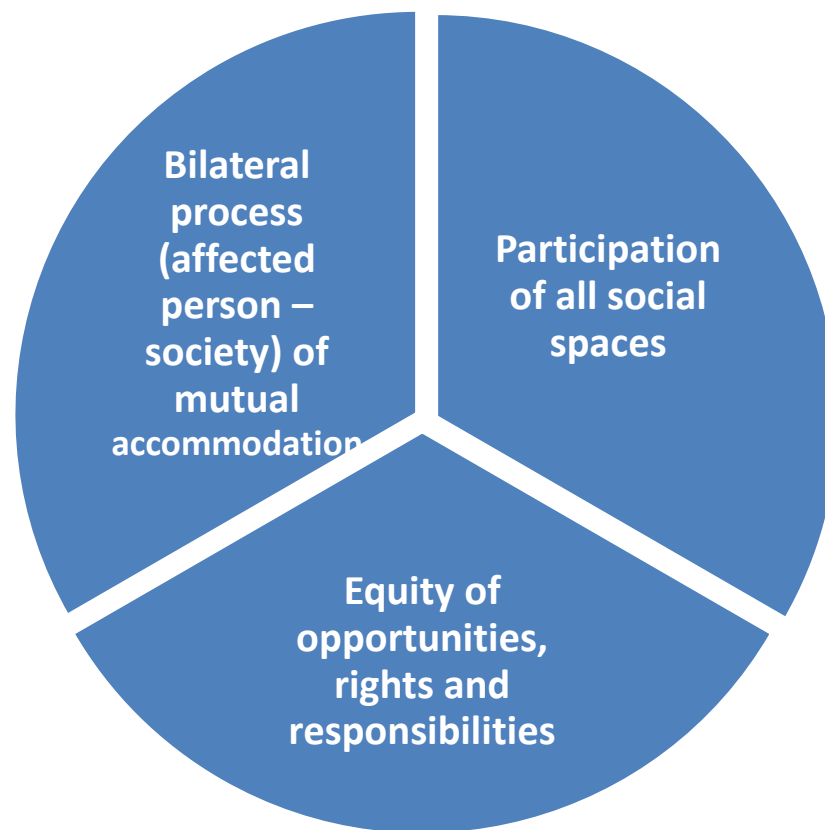
## Conceptual discussion

- Rehabilitation?
- Integration?
- Inclusion?
- Reintegration?

## A definition:

- **Process of mutual changes** both by the person and by society. It represents the contribution of those affected and the community to achieve an equalization of opportunities, in order to allow **equality and full participation** in life and social development to persons with problematic substance consumption.
- It's a question of allowing an **effective exercise of fundamental rights**, as well as allowing and recognizing the immense **diversity of the persons** affected by the drug problem, **recognizing their individual paths**, their dynamics and their expectations and promoting **conditions of greater equality** enabling **inclusive processes** in this diversity, not merely assimilating to a state that others define as desirable or necessary.

## 3 fundamental conditions:

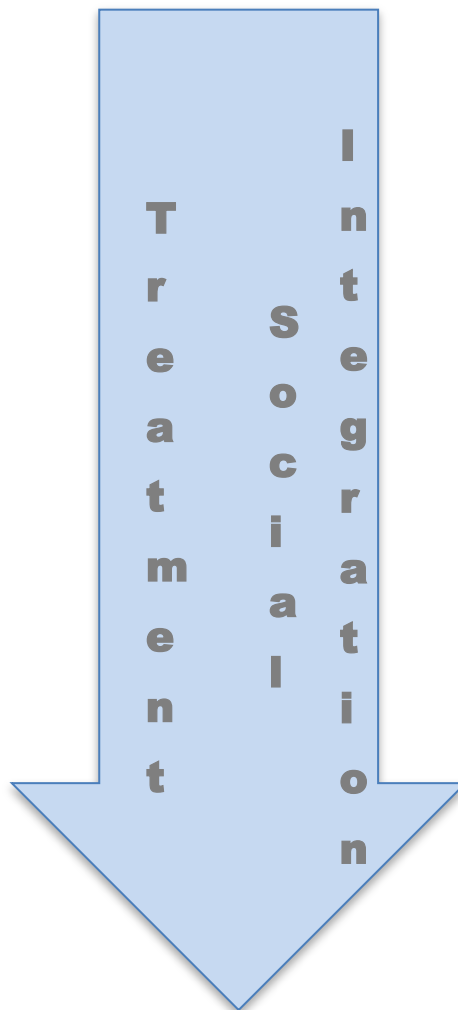


### 3. PROGRAMMATIC STRUCTURE

#### Inside a treatment center:

Diagnostic of social integration needs

Methodology of competencies for social integration: family, community, and work areas



#### Support Systems (outside the center, facilitated by SENDA):

Social Integration  
Support Housing (VAIS)

Social and Vocational  
Guidance Service /  
Intermediation and Job  
Placement (OSL)

Facilitation of networks: social benefits, education, training, social participation opportunities, among others

Recovery



# 4. MODEL OF REGIONAL AND COMMUNAL MANAGEMENT

Persons enter treatment



As part of the comprehensive diagnosis, assess the needs for social integration::  
Low-Medium-High integration needs



Report integration needs



Offers support



Center develops an Individual Intervention Plan, in the axis of Social Integration, including enabling skills for greater social integration (work, personal, family and community life)

Informs the Center's offer



Intermediary



Center derives an offer



## 5. INTERINSTITUTIONAL COORDINATION (The challenge of Intersectorality)

Areas called on to work together:

- Health
- Education
- Labor
- Social Welfare
- Housing
- Justice



## 6. Assessment / Training

- Methodologies and approaches should be formed that permit working from the perspective of integration
- Also necessary to accompany and advise across sectors (in order to consolidate the topic, reduce stigmas, prejudices, etc.)

## 7. Budget

- Adequate budget needed for these initiatives
- Should be carried out under the premise of synergy of resources.
- This is not a costly policy; it improves the results already invested in prevention and treatment.

## 8. Evaluation

- It is difficult to measure the impact of these interventions
- It is possible to evaluate: processes and relevance of interventions
- It is important to build from the needs assessment and involve the people who use these processes
- Systematizations and follow ups can and should be done to permit evaluations to improve programs

**Lessons learned...**

- **Positioning this subject takes time, and it's necessary to obtain institutional commitment (reflected in National Drug Strategies)**
- **It's an error to focus only in labor integration, understood as the attainment of a job.**
- **Intersectorality is fundamental. It is a question of the persons gaining access to, and participating in, what is available. It's not necessary to "create" programs.**
- **Everything should be based on completed diagnostics of the needs of the person seeking treatment**

- **It's important to raise public awareness and work to coordinate existing intersectoral programs.**
- **From the drug offices, there must necessarily be a social integration program that contains technical and management components.**
- **It's necessary to invest in training.**
- **It is important to build programs with and for the people seeking treatment.**
- **Comprehensive evaluation, not only of the impact but also on the relevance and implemented processes, is required.**

# Valdivia Declaration



...a reference about social integration  
and drugs, to move forward