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**INTER-AMERICAN DRUG ABUSE  
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**SPAIN'S SOCIAL INTEGRATION  
EXPERIENCE**

# Spain's Social Integration Experience

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The **Office of the Government of Spain for the National Drug Plan** sets its policy via consensus; as exemplified in the ***National Strategy 2009 – 2016***, which reflects institutional, social and scientific agreement in order to ensure a homogenous and quality response to the drug problem throughout Spain's territory.

Spain is a decentralized State, made up of seventeen Autonomous Communities and the cities of Ceuta and Melilla.

Each has its own **Autonomous Community Drug Plan**, the objectives and initiatives of which come together to form the National Strategy. This ensures that **Social Integration Programs** will be put into place throughout Spain.

Ensure quality care, tailored to the particular needs of all persons directly or indirectly affected by drug use.

Facilitate the integration into society of persons undergoing rehabilitation through comprehensive education and job training and placement programs

## *Objectives*

### *National Strategy 2009 – 2016*

## ***Scope of Action of the National Strategy:***

The 2009-2016 National Drug Strategy mirrors the **European Union's** objectives in combating drugs. In order to achieve them, it focuses on demand reduction.

- **Demand reduction :**

It encompasses everything from health promotion to prevention strategies for use and associated problems, including risk and harm reduction and **care and social integration:**

In Spain, people with problems associated with psychoactive substances are entitled to health care and social assistance. **Coordination between health care services, social services and the judicial system** is absolutely essential in order to maintain quality of care networks.

## *Settings for action:*

- **Health care system:** involving primary care services and specific support mechanisms (care and monitoring facilities; mental health facilities, etc.), but avoiding duplication of public assistance networks' efforts.
  - **Social services:** coordinating efforts between social workers and health care practitioners.
  - **The work place:** ensuring coordination between work place risk prevention services, business and union committees, and both health care and social services
- 
- **The judicial system:** promoting coordination between the social and health sectors and facilitating a social integration-based approach to vulnerable individuals in the courts.

# Report National Drug Plan

- Support programs for social integration.
- Activities of cities and autonomous communities.
- Participation of the Non-Profit Sector : **involvement in social reintegration programs in coordination with government administrations**, bearing in mind that social and labor integration, and all efforts aimed at achieving it, are at the core of intervention and are the ultimate goal of the programs being implemented.

Principal data		
	No. of activities	No. of Persons assisted
Social integration	62	17,874
Training	147	22,753
Job placement	165	14,252

# Experience of the Madrid Addiction Institute



Madrid Salud  
Organización acreditada  
con el nivel de excelencia  
en gestión CAF +500 puntos



In May 1988, the **Office of the Mayor of Madrid** approved the **Municipal Anti-Drug Plan** and then over the course of more than 25 years has consolidated this line of action by creating the **Addiction Institute of the City of Madrid**, which is part of the Autonomous Region's Madrid Health Agency, serving the functions of:

- **Care.**
- **Reintegration.**
- **Prevention.**
- **Research.**
- **Teaching.**

## Mission of the Addiction Institute

To prevent or reduce the problems of addiction among the residents of Madrid, as well as the harm and consequences associated with addictive conduct; harm and consequences that can affect the addicted individual, their next-of-kin and the social environment and community overall.

*With the participation of practitioners and social organizations, in May 2011 the new anti-addiction strategy was approved, which is reflected in the “**Addiction Plan of the City of Madrid, 2011-2016**”.*

## Major Prongs of the Strategy:

- Prevention as the priority objective.
- Particular focus on the most vulnerable groups.
- Gender-based and multicultural approach.
- Coordination and networking.
- Service quality.
- Comprehensive/holistic and integrating approach.

*“The ultimate objective is to achieve the highest possible degree of health, wellbeing and social integration of affected individuals and social groups.”*

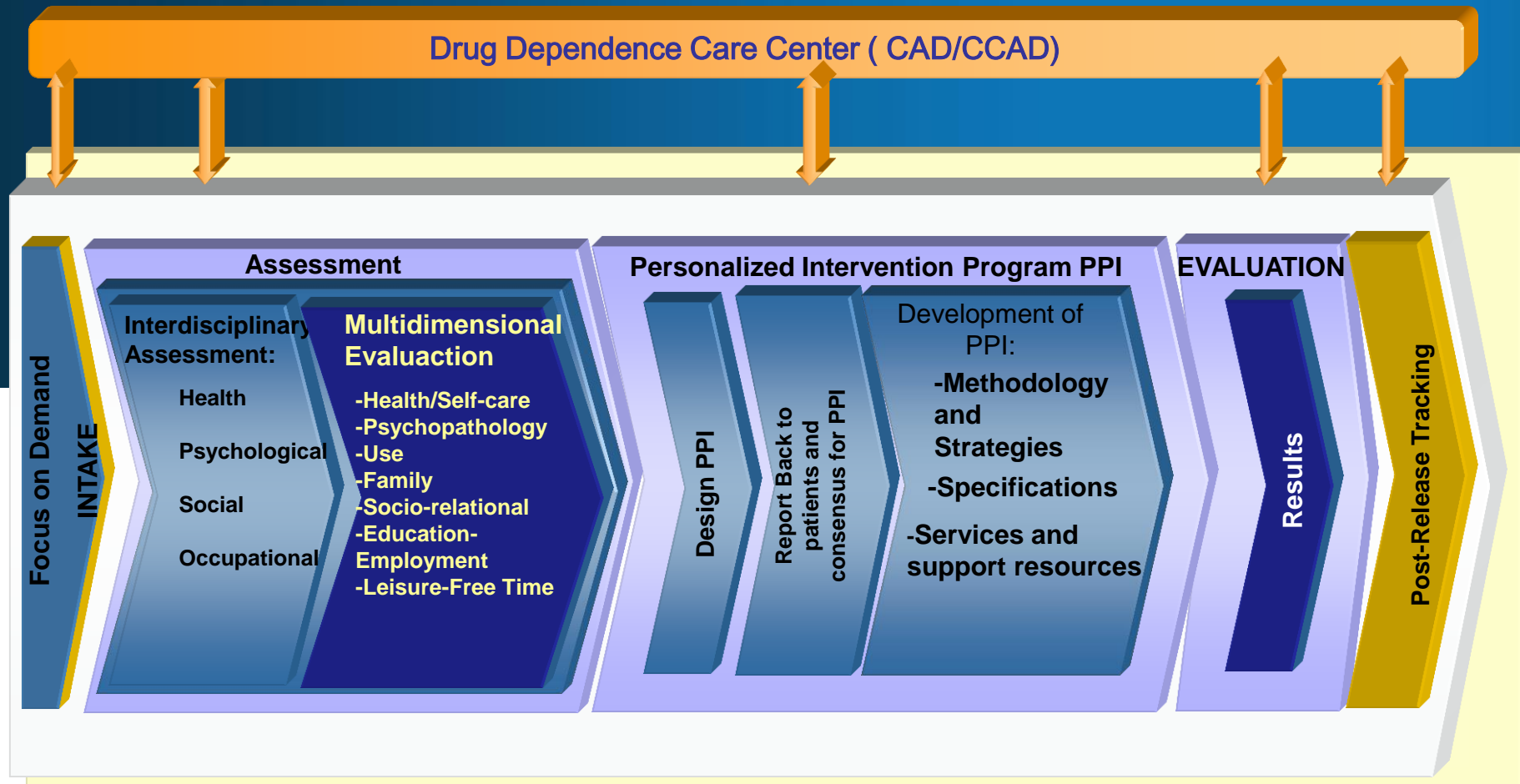
## Comprehensive care model :

Because of the multi-causal origin of drug dependence and the variety of areas and facets of an individual that are affected by it, interventions must be based on the particular **biological, psychological, social and occupational** profile of each patient.

### Elements of the Comprehensive Care Model :

- Holistic and multidimensional approach.
- Networking.
- Personalization.
- Confidentiality.
- Flexibility.
- Social integration as a process.

# Process of Comprehensive Care for Drug Dependence



# Madrid's Experience in Social integration

## Department of Reintegration:

Facilitate full family, occupational and social integration of affected persons, supporting their normalization in all settings and their acceptance by society.”

# Intervention in populations at risk of **Social exclusion**:

It is a priority for the Addiction Institute to focus on groups which pose particular difficulties or have special needs, whether in gaining access to the resources of the network, remaining in and making the most of the therapeutic program or in going through the ever-complex process of social integration.

- Chronic drug dependent patients.
- Dual diagnosis patients (addiction + mental health).
- Homeless people.
- Adolescents and young people.
- Persons with special needs based on differences in background, culture, language or ethnic group.
- Persons with criminal records.

## ***SOCIAL INTERACTION PROGRAM***

**Objective:** Complete the process of social reintegration in normalized settings for adult patients, who have completed the first phase of treatment in network care facilities and do not have family support and suitable personal interaction.

**Resources:** 40 slots on reintegration support floors, 4 slots in self-management regimes and 20 slots at dual diagnosis facilities.

**Results:** 97 users of social interaction slots.

## ***HEALTH EDUCATION PROGRAM***

**Objective:** Include the different Health Education activities conducted by practitioners at care facilities.

**Resources:** participatory methodology and trained practitioners.

**Participants 2014:** 4,852 users



## ***HEALTH AND INTEGRATION PROGRAM***

**Objective:** To offer dental care to patients at an advanced stage of the integration process, who cannot afford this expense and whose deteriorated image is an obstacle to job placement and social reintegration **Resources:** program conducted in conjunction with the Oral-Dental Health Center of the Public Health Institute of Madrid Health.

**Participants 2014:** 37 patients.

## ***SOCIAL INTEGRATION PROGRAMA through LEISURE***

**Objective :** Coordinate actions aimed at helping users manage their free time and craft creative and healthy leisure activities to supports their personal stability and social integration.

**Participants 2014 :** 459 patients.

## ***DRUG DEPENDENCE INTERVENTION PROGRAM in Round-the-clock COURTS of MADRID***

**Objective:** Minimize the specific risk of social exclusion and/or problems with the law for drug dependent persons in custody.

**Conducted by** Judges' Assistance and Pretrial Services (**SAJIAD**).

**Participants 2014:** 3,951 drug dependent persons in custody and 13,248 coordinated proceedings with judges, prosecutors and experts.

## ***PROGRAM for OFFENDERS of CRIMES against PUBLIC HEALTH***

**Objective:** sensitize persons serving sentence for crimes against public health about the consequences of drug use and/or trafficking. Enable reparation or compensation for damages. Prevent repeat offending and support social reintegration.

**Conducted by:** Servicio de Asesoramiento a Jueces y atención al detenido (SAJIAD).

**Participants 2014:** 205 persons

## ***COMMUNITY MEDIATION PROGRAM***

**Objective:** to reduce the conflict that drug dependence care facilities sometimes breed or reduce the concentration of drug dependent persons in particular areas of Madrid.

**Managed by:** Asociación Proyecto Hogar in conjunction with the Municipal and National Police, Public Space Reinvigoration Services and Municipal Emergency and Rescue Assistance Services (SAMUR Social).

**Results 2014:** 12 areas and 1,695 assistance actions.

## ***SOCIO-LABOR INTEGRATION PROGRAM***

**Objective:** Support the social reintegration/job placement of the population served by the Addiction Institute.

**Resources:** Labor Guidance Service (SOL), Job training workshops, job search workshops, business community and social agencies.

# Socio-labor Guidance Service (SOL)

Managed by : Fundación Atenea



## 2. Employability improvement interventions



## **SOL User Profile :**

**40 % older than 45 years of age**

**30 % with criminal record**

**27 % patients with dual diagnosis**

**25 % with pending court cases**

**16 % with recognized disability**

**12 % immigrants**

**7 % homeless drug dependents**

# *Carpentry, restoration and art-therapy workshop:*

Managed by : Asociación LaKoma Madrid

## 2 levels :

### **Level 1: Occupational**

Developing pre-job placement skills



### **Level 2: Job training**

Carpentry and cabinet making courses



# WORKSHOP “KOSETE UN FUTURO”

Offer comprehensive training in repairs, adaptations and manufacture of clothes



# *Workshops for young people:*

Managed by : Asociación "Ciudad Joven ".

**ELECTRICITY**

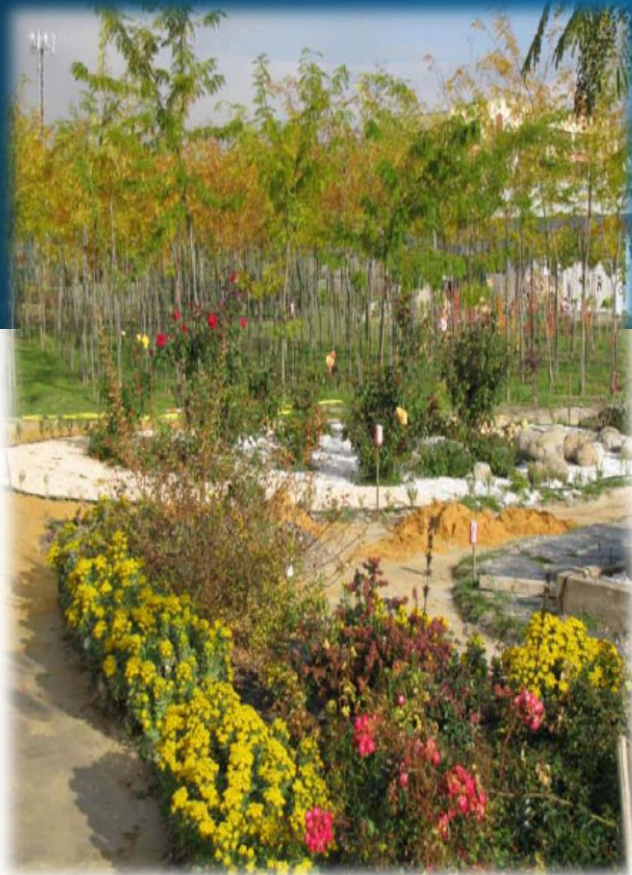


**MOTORCYCLE  
MECHANIC**





# *Landscaping and landscape restoration workshop. Green area clean up and conditioning workshop.*



Workshops under contract with the Agencia para el Empleo of Madrid

# Best practices identified :

1. Specialized and flexible service.
2. Innovative, immediate and setting-tailored response.
3. Comprehensive care.
4. Coordination between all resources.
5. Gender-based approach.
6. Actions specific to users with special difficulties.
7. Actions specifically targeting the youth population.
8. Individualized support and tracking.
9. Quality system.
10. Post-release tracking.
11. In-depth and up-to-date information on socio-economic characteristics of the environment.
12. Generating agreements with companies, agencies or organizations.
13. Networking.
14. Continuity over time of actions undertaken.

**MUCHAS GRACIAS**

**THANK YOU VERY MUCH**