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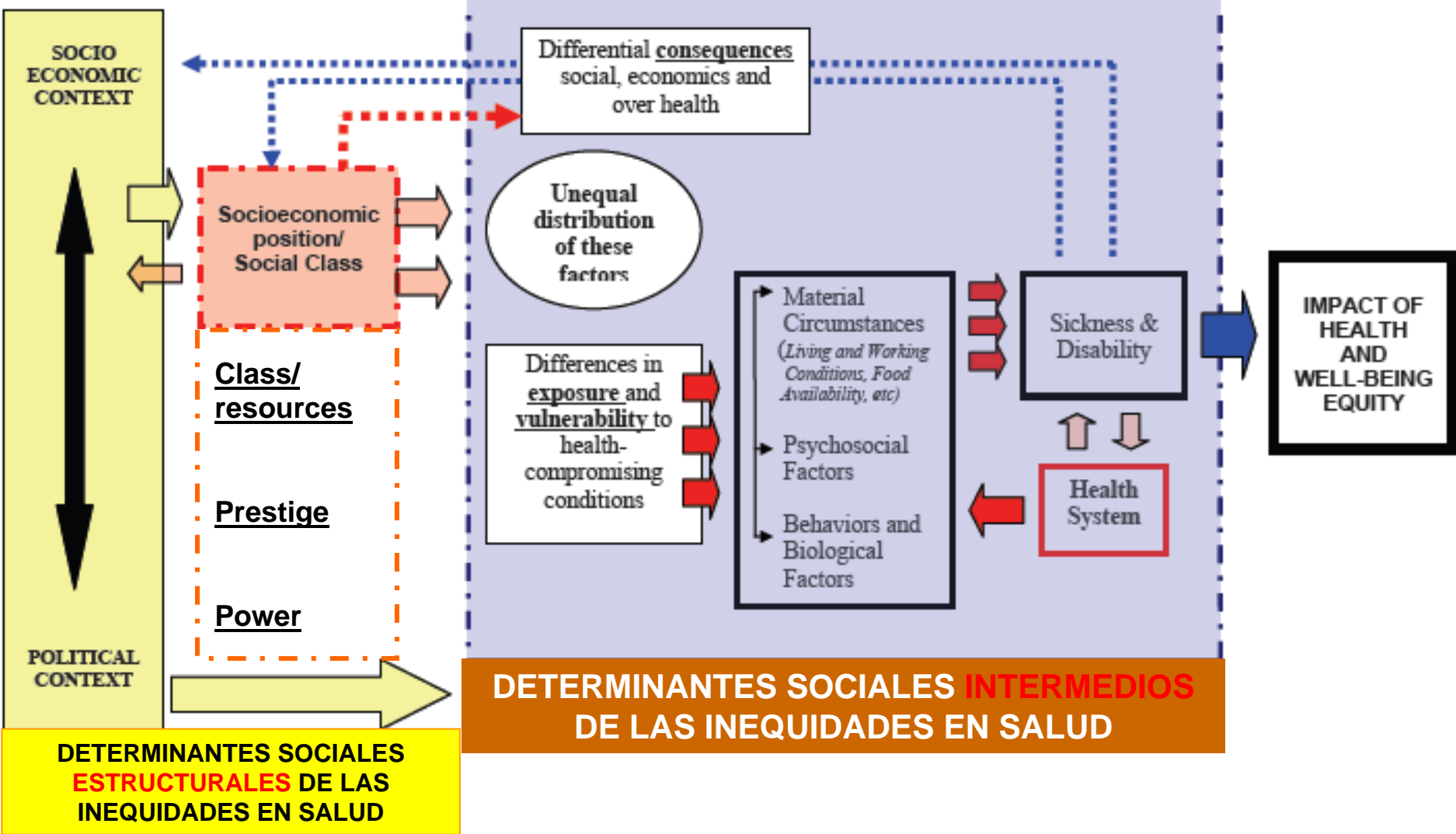
**INTEGRATION INTO SOCIETY
THE CHILEAN EXPERIENCE
DR. MARIANO MONTENEGRO**
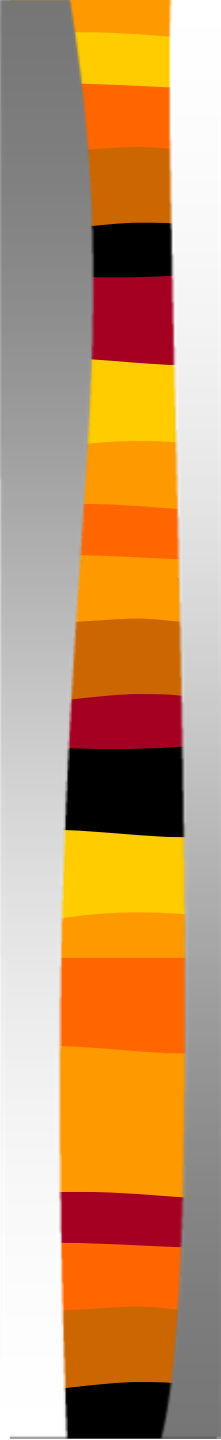
INTEGRATION INTO SOCIETY

The Chilean Experience

GOBIERNO DE CHILE
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SOCIO ECONOMIC CONTEXT

POLITICAL CONTEXT

Socioeconomic position/ Social Class

Class/ resources

Prestige

Power

Differential **consequences** social, economics and over health

Unequal distribution of these factors

Differences in **exposure** and **vulnerability** to health-compromising conditions

Material Circumstances (*Living and Working Conditions, Food Availability, etc*)

Psychosocial Factors

Behaviors and Biological Factors

Sickness & Disability

Health System

IMPACT OF HEALTH AND WELL-BEING EQUITY

DETERMINANTES SOCIALES INTERMEDIOS DE LAS INEQUIDADES EN SALUD

DETERMINANTES SOCIALES ESTRUCTURALES DE LAS INEQUIDADES EN SALUD

Elaborated for equity team based on : Reducing inequalities in health a European Perspective J. Mackenbach, M Bakker 2002; Generating evidence on interventions to reduce inequalities in Health : the Duch case K. Stronks Scand J Public Helath 30 Suppl 59 ; Evans T, Whitehead M, Diderischsen F., Bhuiya A., Wirth M. Challenging inequities in health from ethics to action Oxford University express 2001.

Intermediate social determinants

- <u>Material circumstances – life & work</u>: Depending on the quality of these circumstances, they may be either resources or risks for health.

- <u>Psychosocial circumstances</u>: Different societal groups are exposed to different situations that are perceived as threatening, difficult to manage, perception of impotence.

- <u>Behaviors or life-styles</u>: Behavior shared by a social group in a specific context. Translates material conditions of life into a pattern of behavior.

- <u>Health system</u>: Acts as mediator of the consequences of a disease or disorder in the individual's life, by ensuring that the health problem does not translate into a decline in his social status; facilitates social reintegration.

- <u>Cohesión social</u>:

Treatment Center client profile

- 75 % Men

- 25 % Women

- Age Range: 26 – 34 yrs.

- Schooling: 10.4 yrs.

    Primary School Completed: 86.2%

    Secondary School Completed: 51.2%

- Regular Job: 20%, 35% irregular work, 45% unemployed

- Moderate bio-psycho-social complications: 54%

- Principal Substance: Cocaine Paste, Cocaine Hydrochloride

Why do we need to speak of social integration?

We begin from the hypothesis that problem users are a socially vulnerable population, and that within the group of vulnerable people, they have their own particular complexities

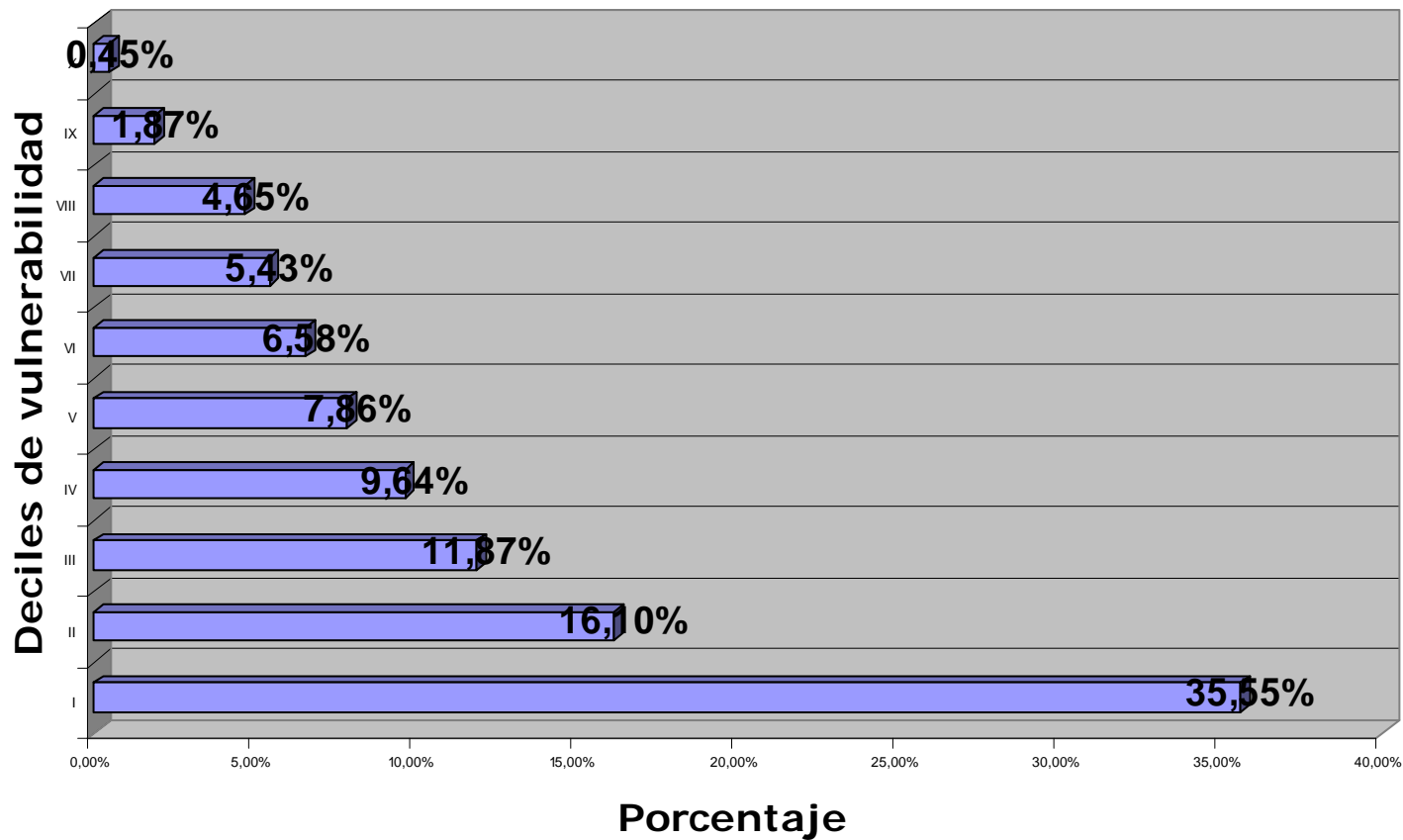We have a national instrument to assess social vulnerability:

"Social Protection File" (gives access to social benefits granted by the Government of Chile).

Why do we need to speak of social integration?

The data show us the following:

Distribución de la población en tratamiento por deciles de vulnerabilidad

Deciles de vulnerabilidad:

- 0,45%
- IX: 1,87%
- VIII: 4,65%
- VII: 5,43%
- VI: 6,58%
- V: 7,86%
- IV: 9,64%
- III: 11,87%
- II: 16,10%
- I: 35,55%

Porcentaje (0,00% – 40,00%)

73.17% of cases fall in the 1° to 4° deciles of vulnerabilty, i.e. are or might make use of the various benefits granted by the Social Protection System of the Government of Chile.

Social vulnerability

In Chile, 5% of the general population qualifies for assistance through programs for the highly socially vulnerable; using the same measurement for our treatment clients, 25% of the total qualify.

Of all clients who qualify for high social vulnerability, only 25% have accessed a program that would help them

Programa Puente ("the Bridge Program") (monetary & psychosocial).

Status of individual	Sex of client					Total	
	Male		Female				
	N	%	N	%		N	%
Eligible for "Chile Solidario"	357	77,11	347	73,52		704	75,29
In "Chile Solidario"	106	22,89	125	26,48		231	24,71
Total	463	100,00	472	100,00		935	100,00
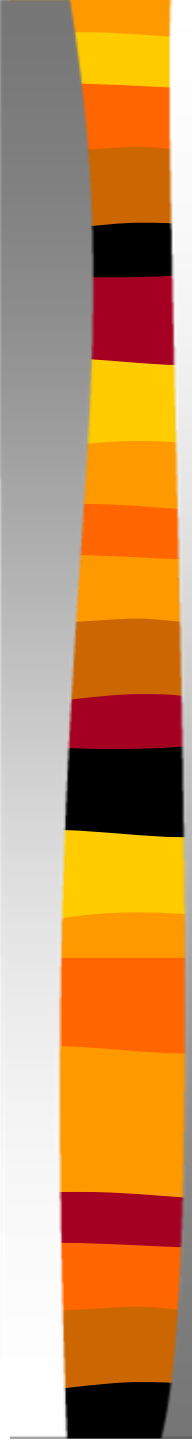
Distribución de Personas en Tratamiento, según Ingresos personales Mensuales en dolares.
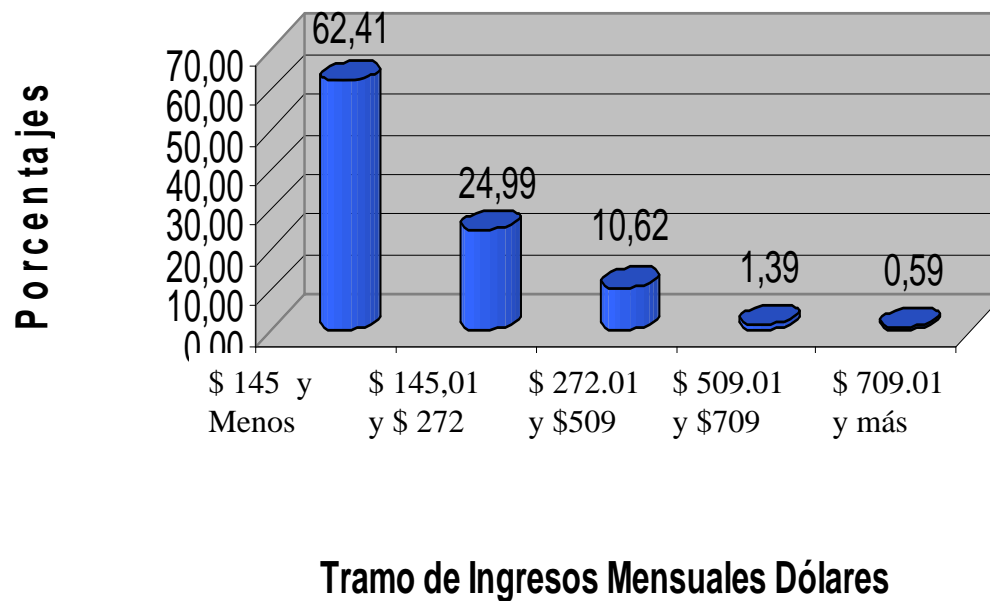
Distribución de la población general según Ingresos personales Mensuales en dólares
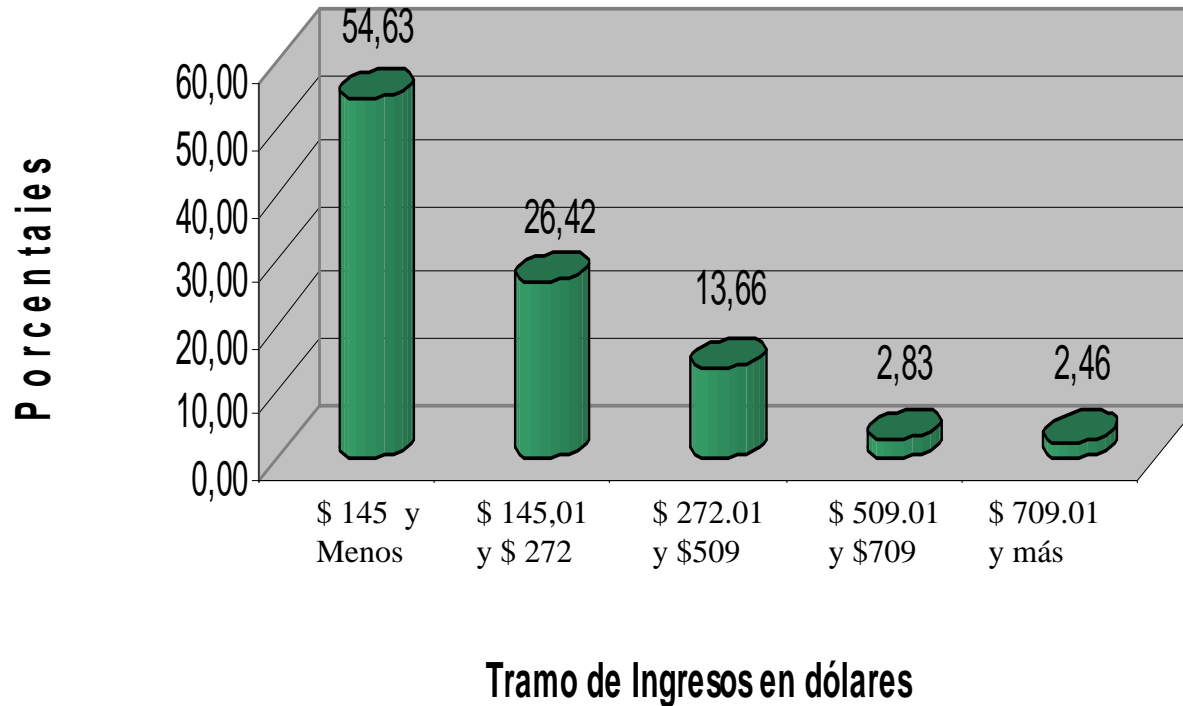
Our clients are poorer than the general population.

Relationship to head of household	Sex		Total	
	Male	Female	N	%
Head of household	885	745	1.630	45,42
Spouse or partner	232	209	441	12,29
Child of both	273	316	589	16,41
Child of head of household	268	340	608	16,94
Child of spouse or partner	21	40	61	1,70
Mother or father	5	1	6	0,17
Mother-in-law, father-in-law	1	0	1	0,03
Son or daughter-in-law	25	27	52	1,45
Grandchild	39	46	85	2,37
Brother or sister	20	17	37	1,03
Brother or sister-in-law	8	2	10	0,28
Other relative	18	27	45	1,25
Unrelated	11	13	24	0,67
Total	**1.806**	**1.783**	**3.589**	**100,00**

45,42% of clients are the principal breadwinners, and 12,29% are second source of income to the home.
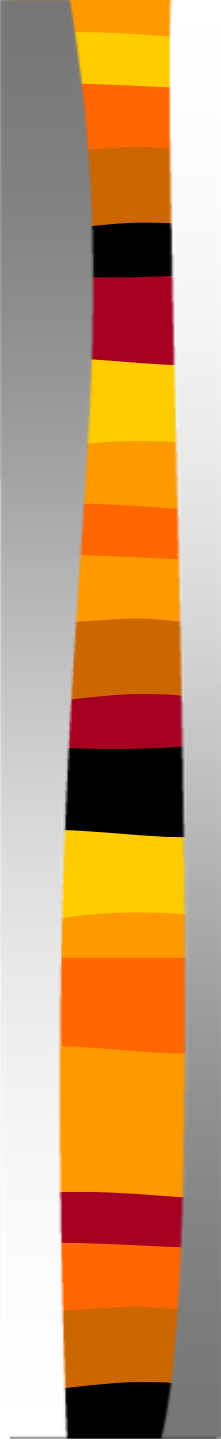
Needs of clients in treatment centers:

- Job training

- Finding work

- Studies for educational equivalency

- Recreation and use of free time

- Housing (own/safe)

In the case of women, priorities are:

- Housing (own/safe)

- Continuity of health care

- Job training

- Finding work

- Recovering social ties and connections

- Recreation and use of free time

Treatment of problematic substance abuse would not achieve its main objective unless all factors related to full integration into society are also addressed at the same time

Treatment and integration into society are two complementary processes that are the two faces of the same reality.

4 PILLARS

FOR AN EFFECTIVE STRATEGY FOR THE INTEGRATION INTO SOCIETY OF PROBLEMATIC SUBSTANCE USERS
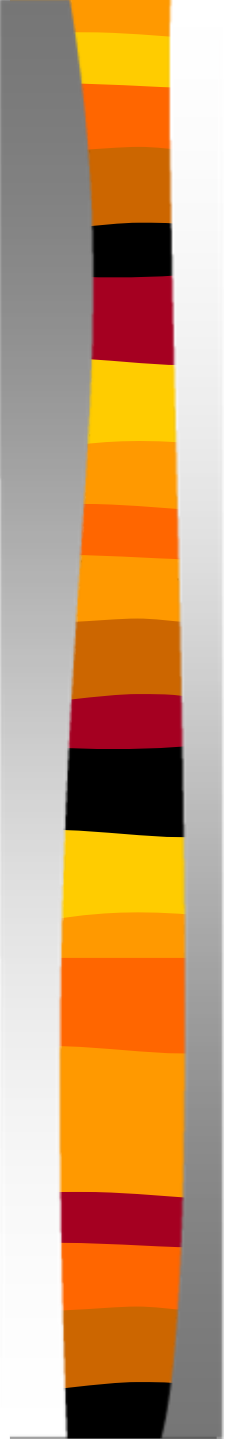
1st PILLAR...

Agreed Conceptual Framework

What are we talking about?

Integration into society, finding a job? reinsertion? insertion?

The Concept of Integration into Society:

Process at differing levels of intensity that seeks full development of the individual who is accepted and considered as a citizen with rights and duties.

Is the contrary of EXCLUSION. (*Covers the causes and effects of poverty, and identifies processes, situations and mechanisms that leave part of the population, group or territory left out of participation in social and economical life*).

Social integration is an interactive concept that implies:

Changes by both the individual and society. Presupposes that both those affected and the community will contribute to achieving equivalent opportunities that allow full and equal participation by drug-dependent people in life and social development.

Equal opportunity is understood as the process by which the various systems of society are put at the service of all, and especially the socially disadvantaged

Principles of equality of opportunity:

1. Principle of integration as a recognition of the needs and specific potentialities of every individual and every social group.

2. Principle of accessibility as a necessary condition for vulnerable people to enjoy opportunities in society equal to those of their fellow citizens.

3. Principle of participation and autonomy as a recognition of the right of all people to participate in the social, economic and cultural life of their community.

Three points that are key to considering a person as socially integrated:

1. His basic needs are covered: i.e., he has dignified living conditions, in terms of housing, health, education and economic means.

2. He has a system of relationships that allows him to develop affective ties and thus feel part of the community,

3. He can engage in activities that give him social recognition: take part in public life, enjoy free time and have productive work.

In sum, speaking of social integration is to speak of:

a) A bilateral process (drug user – society) of mutual accommodation.

b) Participation in social life.

c) Equal opportunities, rights and obligations.
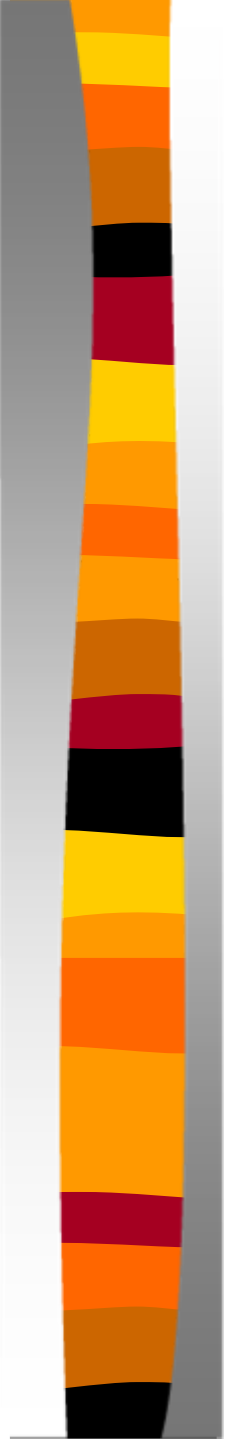
2nd PILLAR...

A Solid Structure

A SOCIAL INTEGRATION PROGRAM must be in place:

Drug agencies should create structured work programs for social integration.

This structure should include:

Treatment centers
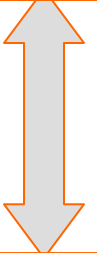
Local/community network

National Level

3rd PILLAR…

Intersectoral Work

THE SOCIAL INTEGRATION PROGRAM SHOULD BE COORDINATED WITH THOSE GOVERNMENTAL AND NON-GOVERNMENTAL INSTITUTIONS THAT GIVE SOCIAL BENEFITS AND PROVIDE OPPORTUNITIES.

To achieve this, it is proposed that agencies work in a network,
at both local and national levels.
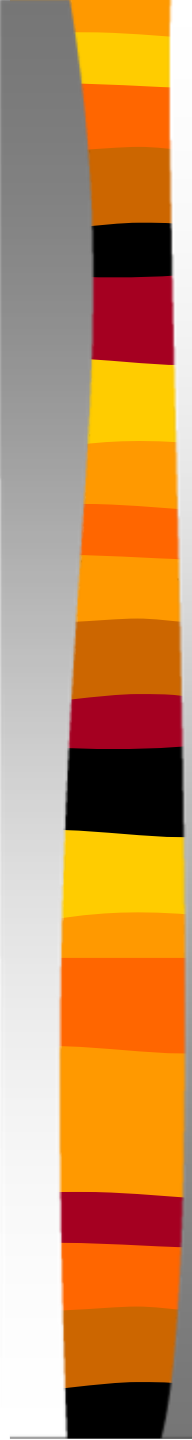Make agreements that provide:

-- Priority/preferential access to social benefits
related to the needs of our clients (subsidies, jobs,
training, housing, etc.)

Specific arrangements that offer
opportunities equal to those available to the general population.
For example, jobs and guidance offices;
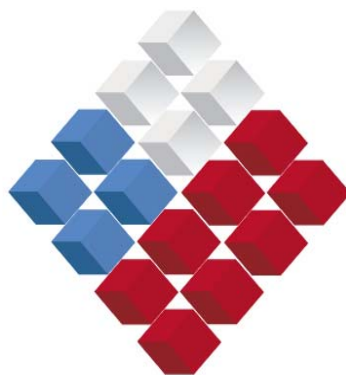halfway housing; protected
homes, etc.

4th PILLAR…

Develop and Install Work Methodologies in Treatment Centers, in order to contribute to a recovery support system

Throughout the therapeutic process, treatment centers should perform a clinical and social diagnosis (family, social, job skills and employment status, housing, etc.), and should work to ready clients for integration back into society.

This means:

1. Developing technical standards specifying what should be done during treatment and how.

2. Providing the teams with practical methodologies and strategies

3. Supporting the teams at all times by having them supervised and counselled by trained, specialized professionals

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