Recovery and social reintegration

The San Patrignano model on drug addiction
The basic principles

1. free of charge
2. educational program, no opioidid substitution treatment.
3. not confessional.
4. Based on individual needs and not on addictive drugs.
5. Long duration: 3-4 years.
6. Strong commitment of former drug users.
7. Based on volunterraing
Admission procedures

one of the following ways:

1. directly by phone, both traditional and electronic mail or by filling in the special form. Assuming a place is available, entry is immediate, without the sort of waiting periods which very often put at risk the resolve of the addict to seek help.

2. Through peripheral Volunteers Associations.

3. Through the National and Local Health System.

4. Through courts and prefectures (for example, alternative sentencing)
Admission procedures

• There are no formal admission criteria: only a genuine motivation to change is required for entry in the therapeutic program.

• Entering addicts are advised that they are not simply making an attempt to stop using drugs, but that they are choosing a radical change in their life.

• Only a major psychiatric disease is a medical contraindication to the therapeutic program:

  1. Chronic psychosis (not drug induced).
  2. Severe eating disorders
The Associations

San Patrignano has 40 associations all over Italy and 3 abroad: England, Scotland, Croatia, and, the next year, in Paris.

Founded by former drug addicts who finished the program, or their parents.

Their role is to catalyze requests for help and provide support for young people in their desire to change.
ADMISSION IN 2016

In 2016 we have received around 2000 letters and 450 e-mails

Interviews by admission office 396
New admission 310
Average age of the new comers 31
Minors in program 24
Filed applications by people in prison 17
Continuum tutoring

The staff of the admission office in liason with the coordinator of the assigned group closely follows the whole process of recovery, from the admission, through the vocational activities to the social reintegration.
Drugs detoxification

Illegal drugs and/or substitutive treatments should be tapered before entry:

At home, in collaboration with public health services for addiction.

In private clinics connected with San Patrignano admission offices, refunded by Public Health Services.

In pre-admission center (Botticella), where is possible to taper methadone, buprenorphine, and benzodiazepines.

In San Patrignano Medical Center.
Getting prepared to the admission

Immediate help and a safe house for those in need
Starting up

Botticella is a first step introducing the residents to community life.
The reasons to chose Botticella

- To assess motivation to change
- To complete detoxification
- To investigate psychiatric symptoms without drugs
- When an additional intermediate step before entering the community is needed.
Entering the program in Botticella

• In Botticella there is a permanent staff of educators (3), psychologist (1).

• A doctor is available once a week, but for immediate needs the San Patrignano Medical Center is available.

• For every guest entering, a personal mentor, generally in a midpoint of his therapeutic program, come from the San Patrignano Community.
Activities in Botticella

A range of different tasks and activities to increase life skills and preparing for community life.
Learning to take care of the house
Green maintenance

Kaunas June 2017
Basic cooking
Preparing lunch and dinner and enjoying them all together

Kaunas June 2017
Assisting the SP cheese factory in the cheese ripening process

Kaunas June 2017
Sharing moments together, exchanging views
Sharing the room
A library at residents’ disposal
Facing difficult moments together
Getting medical support
Duration of the program in Botticella

- Normally one month
- The duration length depends on each individual and the progress made
A new challenge: pre-admission for women
The program proposed by San Patrignano: a pilot project
Location and program of recovery from gambling

The program is implemented in Botticella. The members of this project are included in a "parallel segment" of the social and residential fabric, to be involved in the group dynamics and the interactions with other people residents there, for a period of not less than 12 months.
health care

management of drug related disease
The San Patrignano Medical Center

Created for the management of medical complications related to drug addiction:

- infections associated with syringe use or exchange (HIV/AIDS, hepatitis C or B/cirrhosis, endocarditis, etc.),
- withdrawal syndrome,
- psychiatric diseases,
- sexually transmitted disease,
- odontoiatric diseases,
- tuberculosis,
- pneumonia, etc.
The San Patrignano Medical Center

poliambulatory with diagnostic instrumentation
computerized data bank
sera- and plasma-bank
(for research)

50 bed medical ward,

• Hospice and a long term rehabilitation center for AIDS patients, not only drug addicts but also patients without resources, coming from other hospitals:
  • homeless,
  • illegal people,
  • patients with neurological or psychiatric diseases,
  • patients without access or unable to adhere to HIV treatments
A complete medical evaluation is completed in the first weeks:

- Medical and toxicological history
- Medical, dermatologic, and gynecologic visit (for STD, scabies, and other diffusive diseases)
- Blood screening for HIV, hepatitis B and C, Syphilis
- Chest x ray and intradermal-PPD (for tuberculosis)
- ECG and respiratory functional test (also for sport)
- Dental examination and treatment
- Blood and serum samples taken from each subject and stored for medical research
The changing pattern of drug addiction

40 years of drug epidemiology
Progressing toward poly-substances addiction
Rapidly changing of epidemiology of drug addiction

From intravenous to non parenteral use

From heroin to polysubstances addiction.

Partial decrease in injection related risk behaviours.

Unchanged sexual related risk behaviours.
Trend toward non parenteral pathway of drug use
injecting behaviours among PWID by year of admission
Injecting behaviours by year of starting drug use

Kaunas, June 2017
SEXUAL RISK

Occasional sexual partners

- F: Males
- M: Females
- No: Red
- Yes: Blue

CONDOM USE

- F: Males
- M: Females
- Regular: Green
- Sometims: Red
- Never: Blue
Condom use with occasional partners among PWID
Prevalence of HIV and HCV infection PWID by year of residential treatment admission
Prevalence of HIV and HCV infection PWID by year of starting use of syringes
HCV –Ab pos. prevalence in PWID and needle sharing behaviour (9.851 sogg.)

High risk = also with unknown people
Low risk = only with partner or trustworthy friends
The San Patrignano rehabilitation program

Addicted people should be offered a drug free option, because they can live without drugs; they need:

• a safe environment
• time (years)
• and a broad spectrum of opportunities and activities to educate themself in feeling rewarded by natural and social activities.
The educational program

How to recover from addiction?
Common personality traits in drug users.

- Low self-esteem
- Self-pity.
- Egocentrism (narcissism)
- Presumption
- Anti-sociality
- Impulsivity
The Environment we try to offer

• Community as «society».
• A society without common escape (drugs).
• Hundreds of people living without drugs.
• Basic ethical principles.
• No physical and psychological violence.
• Equality: same rights, same duties.
• Intensity of relationships.
Self-esteem and accountability

The basic work is to learn the way to connect reward with:

• interest,
• responsibility,
• strong commitment,
• perseverance,
• but also fatigue, if not pain.

In the scientific dictionary this translates in a new brain neuro-adaptation that leads to a renewed capability of finding reward with from natural behaviours.
Activities (in order of timing)

- Work
- Other Community Activities (collective housework and services)
- Recreational activities (sport, music and chorus, theatre, culture, etc.)
- To be a tutor for a new entry addict
- Study, Professional Training Courses, etc.
- Assistance to patients of Community Hospital
- Guide for Community Visitors and Guests.
- Taking part to Prevention Programs for Students (We Free)

All of these activities are fundamental educative instruments because they can give gratification but, at the same time, demand engagement in progressive responsibilities.
Psychiatric and psychological problems
When educational program is not enough

30% of people need individual psychoterapy:

- Childhood abuse
- Eating disorder
- Sexual identity disorder, etc.

25% of people need psychiatric treatment:

- Major depression
- Panic attacks
- Drug related psychosis
- OCD
- Severe personality disorders, PTSD, ADHD, etc.
2. Adverse childhood experiences-PTSD

Child abuse:

1. Physical
2. Sexual
3. Psychological
4. Physical/emotional neglect

Pathological family environment:

1. Alcohol or drug addicted parent (s)
2. Crime-involvement of parent (s).
3. Mental disease or suicide in family.
4. Violence between parents
5. Adoption, absence of one or either parents, separation.
Adverse childhood experiences in the San Patrignano cohort

1. Parents separation: 30%
2. Adoption: 3,3%.
3. Father psychiatric disease: 7%
4. Mother psychiatric disease: 19,5%.

• Abuse  ➔  low self esteem
• Childhood sexual abuse: **22,39%** among females and **3,43%** among males.
• For physical abuse, psychological abuse, and neglect, data were not collected.
The more common prescribed drugs are (in order): antidepressants, mood stabilizers, antipsychotics, and, rarely, benzodiazepines.
results

Retention in treatment
Social reintegration
Long term recovery
## S. Patrignano retention in treatment

<table>
<thead>
<tr>
<th>Year of entry</th>
<th>Numeral of PWUD</th>
<th>12 months</th>
<th>24 months</th>
<th>36 months</th>
<th>48 months</th>
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<tbody>
<tr>
<td>2012</td>
<td>356</td>
<td>92.4%</td>
<td>78.9%</td>
<td>70.8%</td>
<td>57.6%</td>
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<tr>
<td>2013</td>
<td>418</td>
<td>84.9%</td>
<td>74.2%</td>
<td>68.7%</td>
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<tr>
<td>2014</td>
<td>360</td>
<td>88.6%</td>
<td>83.3%</td>
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<tr>
<td>2015*</td>
<td>278</td>
<td>90.3%</td>
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</table>

* 2015 data are related to the first 10 months
2015: 217 social reintegration
2016: 226 social reintegration
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<thead>
<tr>
<th>JOB</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>remained</td>
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<td>15</td>
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<tr>
<td>unemployed</td>
<td>23</td>
<td>19</td>
<td>10</td>
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<td>agriculture</td>
<td>9</td>
<td>14</td>
<td>3</td>
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<td>students</td>
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<td>6</td>
<td>5</td>
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<td>food</td>
<td>21</td>
<td>18</td>
<td>6</td>
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<td>5</td>
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<tr>
<td>services</td>
<td>23</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>others</td>
<td>11</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>total</td>
<td>217</td>
<td>226</td>
<td>62</td>
</tr>
</tbody>
</table>
1995: 1° follow up study; 70% effectiveness.

2005: 2° follow up study; 72% of long lasting drug free recovery.

2014: 3° follow up study (limited to those entered in a 12 months period); still ongoing. 81% of retention in residential treatment at 36 months. No data on post-treatment recovery.

San Patrignano
Results
THANK YOU