

Recovery and its impact on individuals and society

Recovery and the Workplace

October 29, 2020

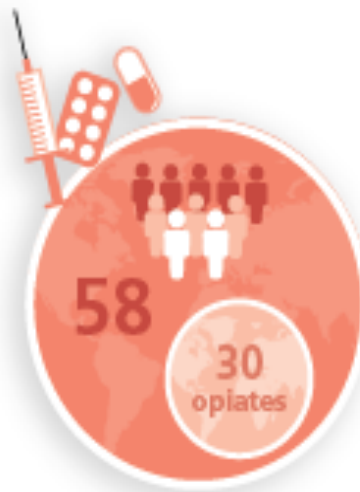


UNODC WDR 2020

Number of past-year users in millions
2018



cannabis



opioids



amphetamines and
prescription stimulants



"ecstasy"



cocaine

Background

Drug markets are expanding and diversifying as never before, pushed by an aggressive drug marketing.

Non-medical use of prescription drugs and synthetic drugs are expanding globally, with cannabis, heroin and cocaine in not traditional areas of the world (production and transit countries).

The range of drugs and their possible combinations available has never been wider: poly-drug use is the norm.

A complex challenge that requires a complex approach that goes beyond the emergency, to identify long term effective solutions
(UNGASS Outcome Document)

San Patrignano observatory: our data in 2018*

The most used drugs (including alcohol):

Cocaine 88.5%
Cannabis 84%
Heroin 47%
Alcohol 35.9%
Ecstasy 34,5%
Ketamine 26%
Hallocinogens 20.9%
Amphetamine 17.7%

Drug delivery methods:

inhaled cocaine intake 97%
injecting cocaine intake 27%

inhaled or smoked heroin intake 87%
injecting heroin intake 61%

Using syringes: 28,9%

Only-cannabis use disorder: 5.1%

Poly - drug users 85%

*429 people (both of our pre-admission centre and those actually admitted in the program in 2018)

MAT and Recovery: goals, limitations and strengths. Possible integrations?

MAT (medication assisted treatment) and similar interventions:

- reducing the complications of drug use and mainly overdoses.
- Based on the assumption that drug addiction can be controlled but not definitively overcome.
- Chronicization of DUD with consequences on people's health.
- It is applicable only in patients with opioid dependence.
- Many people in MAT do not reduce, but sometime increase, the use of other substances, alcohol, cocaine and prescription medications.

Recovery oriented interventions:

- not only abstinence, but increased quality of life, integral recovery of the autonomy of the individual, and of his active role in society.
- DUD is not considered a chronic disease.
- Effective in any kind of dependence (Poly-drug abuse or Behavioral addictions included)
- Programs are considered costly, and too long

What do we know about drug use disorders?

Drugs damage the reward system

They make people unable to experience gratification except with drugs

Brain neuroplasticity: this damage can be repaired

Recovery process, provided it is long and complex enough

**Vincenzo and the co-founders vision in 1978:
each one is seen as a unique, special individual. Human
beings full of potential that they need to rediscover and
learn to express**

HERMESS Model:

H-human centered

E-empowerment aimed

R-reintegration oriented

M-motivational driven

E-educational embedded

S-self sustainability focused

S-social need oriented



Focus on people and their needs

Women and mothers with kids: 4000 women, 1300 mothers with their kids

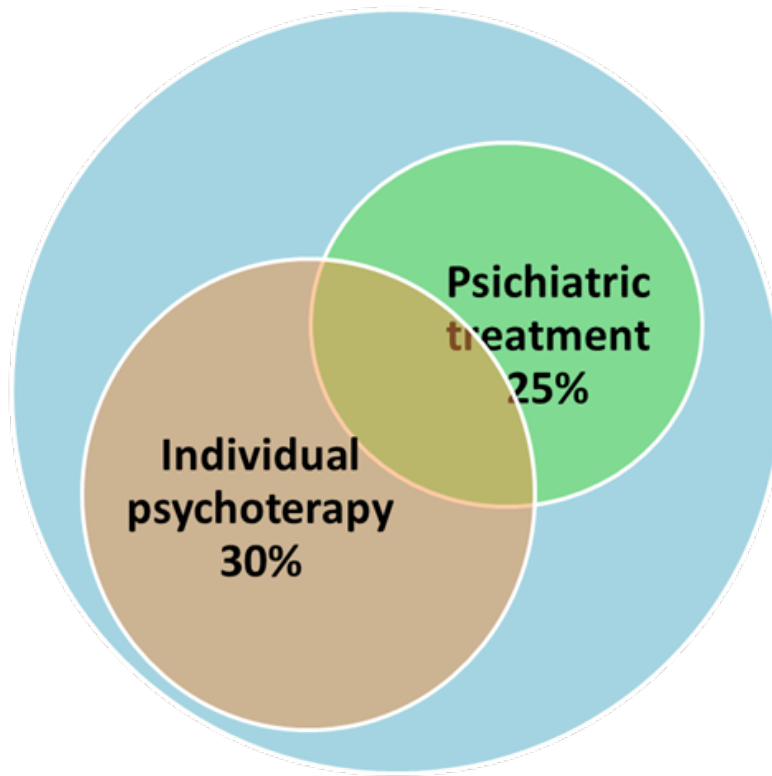
Adolescents: 550 minors since 1979, currently 40 minors (20 male and 20 female) with ad hoc programs

People in conflict with law: 4050 people in conflict with law, more than 4000 years of jail converted into rehabilitation programs

People with health issues: 3,000 people with HIV/AIDS and more than 15,000 people with Hepatitis C (recently, we totally eradicated HCV within the community)

Affected families: 40 volunteer associations: counseling and referral for drug addicts and assisting more than 3,500 families, contacting prisoners, facilitating social reintegration

Addressing mental issues: trauma informed approach

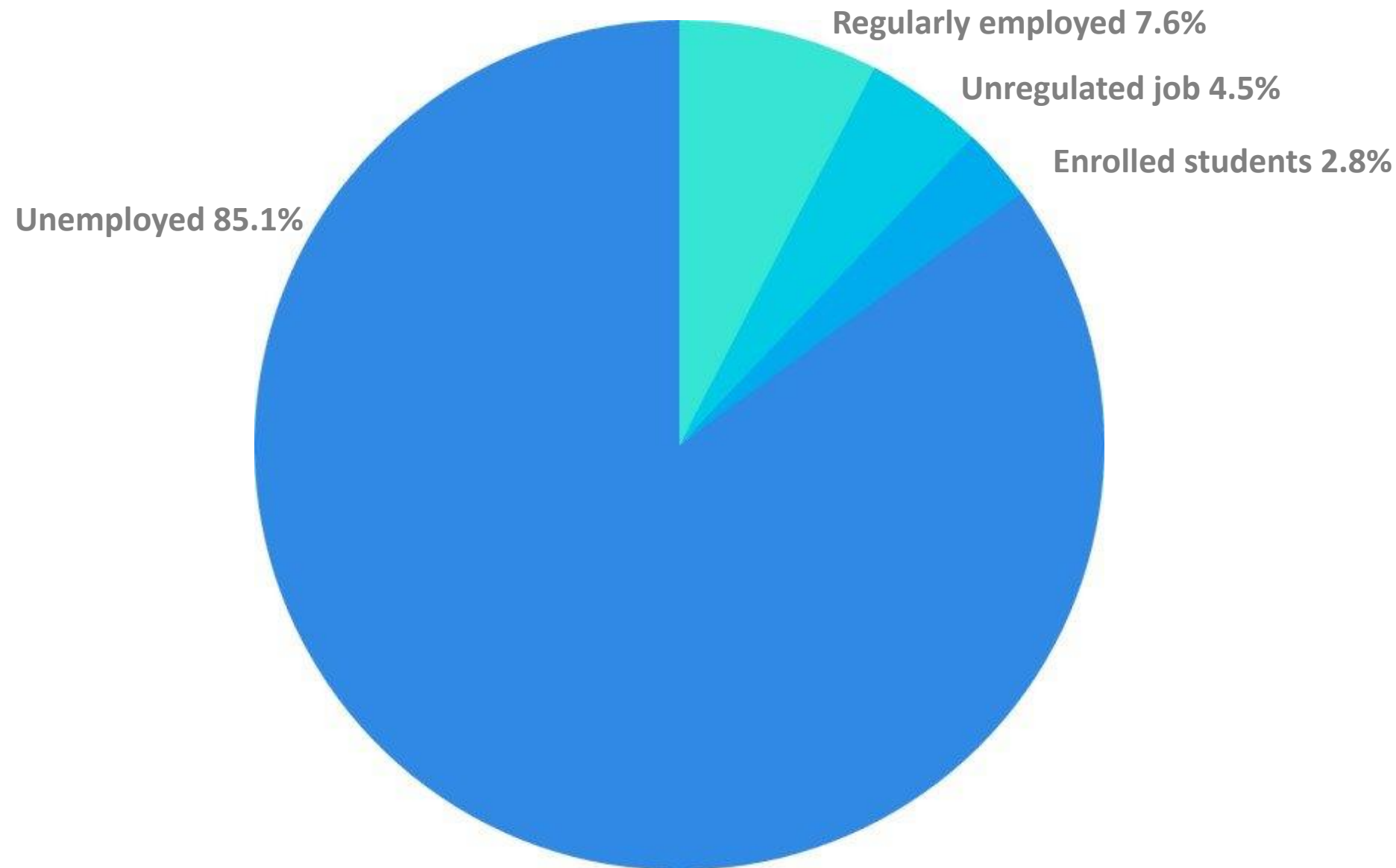


30% of people need individual psychotherapy:

Sexual abuse.
Eating behavior disorders
Identity disorders, etc.

20% of people need psychopharmacological care:

Major depression
Panic attacks
Drug-induced psychosis
OCD,
Personality disorders
PTSD,
ADHD, etc.



Work situation at the time of the admission at San Patrignano

*Sample of 1320 residents, from 14 to 56 years old, 18% women, 82% men in 2017

Empowerment: a key word

Empowerment is a multidimensional social process that helps people achieve greater control over their lives. (Rappaport - 1981) *

*Rappaport, J. (1981). In Praise of Paradox. A Social Policy of Empowerment over Prevention. American Journal of Community Psychology

Empowerment is an intentional, ongoing process centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources (Cornell University Empowerment Group 1989)

Pillars of the process:

- **Motivation**
- **Hope**
- **Focus on strength not on weakness**

Recovery is mainly an act of starting

- First phase is based on rebuilding life skills through interpersonal relationships : individual and social accountability
- Then give access to quality vocational training opportunities to increase self esteem and favor social reintegration
- Include meaningful activities during free time: sport, cultural and volunteering activities as part of the program.





**The study centre: resuming studies which were interrupted due to
DUD: 1,800 students since 1989**

Vocational trainings in 2018

They are funded by Emilia Romagna Region, EU Social Fund, National Funds for Youth, Private Foundations and companies

Number of people involved in different courses: 354

Total amount of class hours: 4,088

Total amount of practical training hours: 1,772

Number of different courses: 16



Hair stylist course in collaboration with L'Oreal

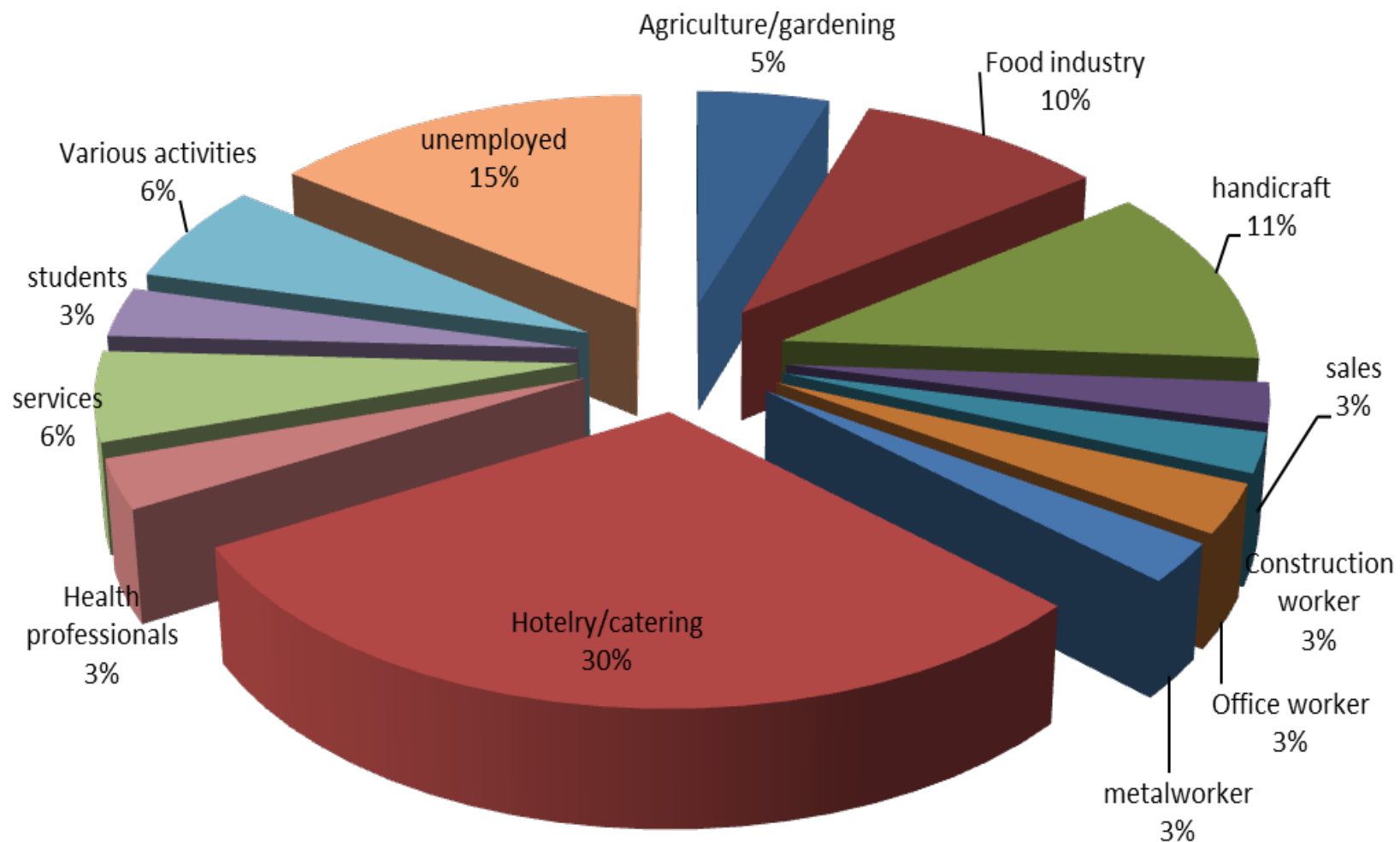


Cheese factory and dairy production certified course



Textile and weaving workshop and fashion stylist course

Social reintegration in 2018



From individuals to organizations

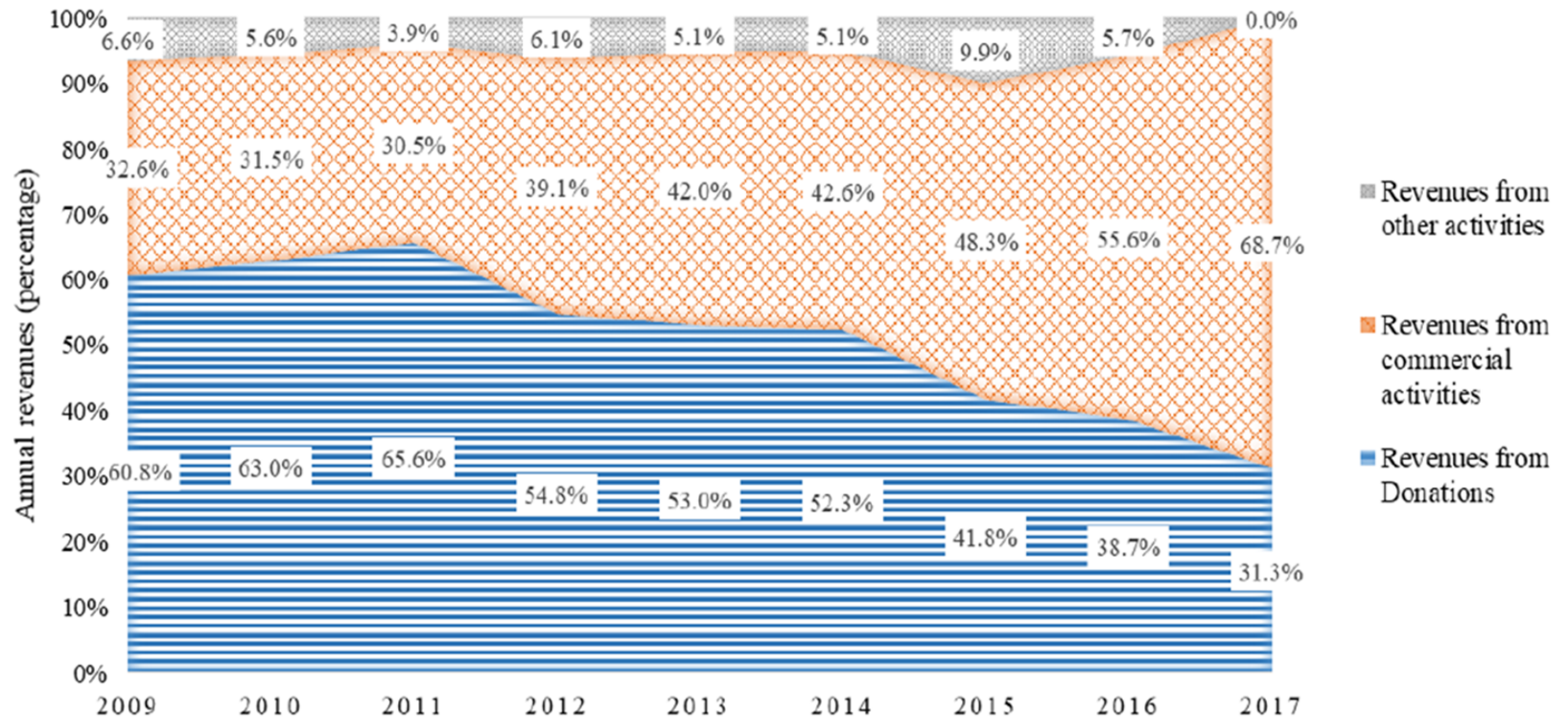
Individual empowerment is necessarily connected with strengthening the social dimension and its experience in everyday life contexts. Most empowered individuals are basic pieces for the group, organization and society. (Zimmermann 2000)*

***Zimmerman, M.A.(2000). Empowement Theory. Psychological, Organizational and Community Levels of Analysis**

How much does SP cost and how does it self-sustain?
What is San Patrignano social impact?
Is it possible to measure its Social Return of Investment?
(SROI)

Sustainability

FIGURE 1: Percentage of SP' s Annual Revenues by Source (2009-2017)



Revenue from donations

5,350,000 €

SROI 2017

considering only three proxys

Vocational training generates values:

260 people reintegrated into society, 85% with a job , average monthly salary 1,100 €

3,170,232 €

Reduction of drug addiction costs:

1, 676 beneficiaries, 395,722 total of rehabilitative activities days, average cost per day 62,56 €

22,999,438 € (Total saving created by SP)

Reduction of crime costs:

163 beneficiaries in alternative to jail, average cost per day 150 €

2,667,431 € (Total saving for the State)

*Ethics Responsibility and Sustainability Hub - Luiss Business School, Guido Carli University and Católica Lisbon School of Business and Economics

Total social impact 2017

Vocational training

3,170,232 €

Saving in addiction costs

22,999,438 €

Saving in criminality costs

2,667,431 €

28,837,102 €



Calculation of SROI*

Social Return of Investments

 **5,350,000 €**

INPUT USED IN 2017

 **5.21 €**

SROI 2017 (relationship between actualized social impact and input)

We give back to society 5.21 euros per each euro we receive

*Ethics Responsibility and Sustainability Hub - Luiss Business School, Guido Carli University and Católica Lisbon School of Business and Economics

Recovery is a life changing experience not only for individuals with drug use disorders, but also for their families and their communities, as they can return back to society as positive and contributing members of it.

Thank you!

For further questions

mbarzanti@sanpatrignano.org