

Madrid Addiction Plan 2017-2021

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INTRODUCTION.

1.1 Background.

The Madrid City Council is a pioneer in dealing with drug addictions in our city. The first Municipal Plan against Drugs was approved on May 8, 1988, at a time when drug addictions weighed heavily on the minds and hearts of the people of Madrid.

The initial project has been modified over the years in a progressive effort to adapt to the ever-changing needs of a phenomenon in continuous evolution, as is the case with addictions.

On March 17, 2011, by agreement of the Board of Governors of the City of Madrid, the Addiction Plan of the City of Madrid 2011 - 2016 was approved. That Plan enhanced the actions regarding addictions with new programs, strategies and areas of action to keep up with the evolution that the phenomena of drug addictions and other addictions has undergone over the years, particularly in terms of the quality of services and on-going improvement.

One of the hallmarks of the 2011-2016 Addiction Plan was that it achieved a high degree of participation from society, its institutions and organisations. We consider this participation absolutely necessary if we want to be able to address the needs regarding addictions and the different facets and problems that affect the lives of the people affected, their families and society as a whole.

This is especially true if we bear in mind that the approach to a problem as complex as that of addictions in turn requires complex and coordinated solutions that necessarily involve society at large and require the participation and coordination of all social agents.

Special mention should be made of the very important role played by the Technical Forum on Addictions of the City of Madrid during these years. This Forum, in which different areas and directorates general of the City Council participate along with other institutions and social agencies that carry out their activity in the field of addictions in the City of Madrid, was constituted, as envisaged in the Plan itself, as the main organ of participation and coordination of that Plan. During this time, the Forum has produced important results that have enhanced the Addiction Plan and continuously improved the quality of the services provided to citizens.

Five core commissions have carried out a magnificent job by working on the most relevant issues in need of coordination: family intervention, adolescents and young people, homeless drug addicts and other groups at risk of exclusion, social integration and employment and gender perspective in addictions.

In addition, the Technical Forum on Addictions has promoted and hosted debates that have fostered participation among citizen groups and people and organizations interested in the subject of addictions. Various different documents such as procedures and protocols for joint action have emerged from the debates held in the forum. These documents are being used today as tools that facilitate a better, more coordinated joint effort.


1.2. Main achievements of the 2011 – 2016 period.

Although the budget cuts due to the economic recession meant the loss of some of the resources available to the Institute on Addictions, with the consequent cutback in its services, major goals were nevertheless achieved in the different areas of intervention while the Plan was in effect (2011-2016).

Some of the main achievements made in the 2011-2016 Addiction Plan in the different areas of action are listed below.

1.2.1. In the area of prevention.

Most of the effort in this period was made on intervention with adolescents and young people (up to the age of 24) either at risk of developing an addiction to alcohol and/or other substances or who already exhibit addictive behaviour. This was done by also working with their families and relevant adults.



The direct telephone line for Addiction Prevention programmes and services is reactivated, giving citizens quick and easy access and confidential, personalised care.

1) Improvements in preventive services directed at adolescents/young people:

- The professional figure of the Social Educator was incorporated, the number of which grew progressively during the validity of the Plan, with the following results:
 - ✓ Early detection of cases among the adolescent and youth population increased.
 - ✓ It improved recruitment and subsequent access to resources of a significant number of adolescents and young people, taking into account their characteristics and needs, as well as the stage of their addiction process.
 - ✓ Motivation for staying in therapeutic processes was improved.

2) Improvement in preventive services directed at families of adolescents and young people:

- The Family Guidance Service on Addictions was created for the families of adolescents and young people, with the following results:
 - ✓ The visibility, awareness and adjusted dimension of the risks associated with addictive behaviours were heightened in the group of adolescents and young people, from the scope of the family.
 - ✓ The proactive detection and recruitment of families of highly vulnerable adolescents and young people was improved, bringing them closer when necessary to treatment resources and facilitating a transition that improves the start of the process.
 - ✓ Greater involvement of the families was achieved by having them produce the necessary changes in the functioning and coexistence of the family in order to revert the behaviour of the adolescent or young person or, failing that, lower the impact of the addictive behaviours.
- This intervention was extended to address the problematic use of new information, communication and leisure technologies among adolescents and young people from the family.

- As part of the agreement between the Madrid College of Pharmacists and Madrid Salud, more information was made available from the Family Guidance Service regarding nearby neighbourhood and district resources.

3. Improvement of preventive services aimed at the educational community:

- The Selective and Prescribed Prevention Programme has been implemented in the educational sphere (students, teachers, guidance counsellors and families-AMPA), with the following results:
 - ✓ Coverage of 98% of schools defined as priority (ACE, UFIL, FPB, CEPA).
 - ✓ Intervention at secondary education, baccalaureate and vocational training levels (middle and higher diploma).
 - ✓ Increase in the effectiveness of the prevention programme: it improves the visibility of the risks associated with addictive behaviour, early detection, recruitment, re-educational intervention and referral to specialised resources, for teens and young adults as well as their families.
 - ✓ Improved attention of the cases detected from the educational community, increasing the referrals to the centres.
 - ✓ Creation of an action itinerary and identification of the prevention team (Social Education + Family Guidance) as reference figures in preventing addictions.

4. Improvement in community prevention actions, as well as in coordination with other municipal areas and other public institutions and private entities that work on addiction prevention:

- Design, start-up and maintenance of the website of the Addiction Prevention Service (www.serviciopad.es), which has become one of the main access ways to the network of the Addiction Institute. This communication environment also has the main social media: social networks, blogs, interactive content, videos, online chat and online training platform.
- Creation, start-up, maintenance and updating of training content specialized in the prevention of addictions and housed in the first digital E-learning platform of the Madrid City Council, co-participated from the

Camilo José Cela University which accredits and certifies all the diplomas issued.

- Design and start-up of the Intervention Programme in Youth Leisure Zones for the Prevention of the Consumption of Alcohol and Other Drugs.
- Design of the community prevention program "Quiérete Mucho". Start-up of a pilot project in the districts of Vallecas co-directed by the CAD of Vallecas and the Centro de Madrid Salud of Puente de Vallecas and Villa de Vallecas. The program is co-participated by other public entities (Educational Compensation Classrooms of the IES in the two Vallecas districts, Youth, Education, Sports, Social Services, Juvenile Home) and by the social fabric of the districts.
- A specific training programme and protocols for action and referral against drug abuse have been drawn up and applied within the Juvenile Protection Centres in the City of Madrid, in collaboration with the Directorate General for Minors of the Community of Madrid.

1.2.2. In comprehensive treatment.

A significant volume of care has been maintained at the Drug Addiction Care Centres of the Network over this period (around 8,500 people per year) and the following actions have been carried out:

1. Improvements in comprehensive patient treatment

- In this period the focus shifted from intervention based on the main substance of consumption to the characteristics of the person with an addiction problem (i.e., a people-centred approach).
- Startup of a more flexible approach to addictions and adapted to the different profiles of users who request assistance, offering special attention to the most vulnerable social groups, in accordance with the criteria of universality and equity.
- Intervention has been strengthened in reducing the harm and risks associated with the consumption of substances, favouring attention to the most vulnerable groups.
- Improvements have been made in the level of employability by promoting training and pre-work activities adapted to people with greater difficulties in

accessing jobs and extending and diversifying specific interventions aimed at the most vulnerable groups.

- Therapeutic interventions have been strengthened aimed at women and those aimed at improving socio-labour skills for access to and maintenance of employment.
- Community mediation interventions have been increased in the areas of our city with some type of conflict related to the presence of drug addicts and the quick and agile implementation of all the specific interventions that have been necessary in critical areas, to prevent possible problems of coexistence and to favour the acceptance of people with addiction problems.

2. Range of resources and treatments more adapted to the patients' needs.

- Resources were added that are used throughout the comprehensive care process for different patient profiles (treatment supportive housing and specific housing for teenagers and young people under 25).
- Changes were made in methadone dispensing resources in which mobile units were replaced by a fixed dispensing point at the Pharmacy Unit. This measure lets patients pick up their medication in a standardised healthcare environment that offers privacy and extended opening hours.
- The range of new pharmacological treatments available for treating opiate dependence was diversified and facilitated with the introduction of treatments such as the buprenorphine-naloxone association.
- Incorporation of the home care service into the Madroño Mobile Unit for patients whose physical situation does not let them access treatment centres as well as to provide support to their families during the illness process.
- Workshops and innovative therapies (animal-assisted therapy, laughter therapy, art therapy, etc.) were added to the list of treatment programs.
- The range of resources available was broadened to facilitate social integration through leisure.

- Job training and recruitment were increased with new workshops and resources.
- Activities to promote protected employment were broadened, with a growing collaboration of caring, responsible companies.

1.2.3. Coordination with other municipal areas and other public institutions and private entities.

- Preparing and implementing the Action Procedure between the Municipal Police and Madrid Salud's Addiction Institute for the prevention of the consumption of alcohol and/or other drugs by minors.
- Preparing and implementing the Collaboration Procedure between Municipal Police, SAMUR-PC, SAMUR-Social and Madrid Salud's Addiction Institute for the intervention with minors with acute intoxication by alcohol and/or other drugs in public thoroughfares.
- Preparing and implementing the Procedure for Alternative Measures to Sanctions for the consumption of alcohol or narcotics by minors (D.A. 5º, L.O. 4/2015). Implementation of re-educational measures with those sanctioned and their families.
- Preparing and implementing the Procedure for the care of homeless people with problems of alcoholism and other drug addictions in conjunction with the Addiction Institute, the municipal network of care for homeless people and the social agencies that work with this group.
- Preparing and implementing a procedure for the recruitment and referral of families of drug addicts between the Addiction Institute, Social Services and the Federation of Associations for Assistance to Drug Addicts and their Families (FERMAD).
- Preparing and implementing a procedure for the recruitment and referral of persons over 65 with substance abuse issues between the Addiction Institute and the Madrid Health Centres (CMS).
- Coordinating with the Directorate General for the Elderly and Social Services for the recruitment and referral of elderly victims of negligence or abuse in the domestic sphere.

- Drawing up an intervention procedure for people with substance abuse disorders and psychosis with Doce de Octubre Hospital.
- Actuation of the technicians of the Addiction Institute and the Madroño Mobile Unit as trainers and referents in advising and supporting the alcohol harm reduction rooms at the centres in the homeless population care network.
- Drawing up the Coordination Protocol for the Centres of Social Services of Primary Social Care and the Addiction Care Centres of Madrid Salud's Addiction Institute to establish procedures of coordination between both and to favour the social and labour insertion of the attended population.
- Drafting a collaboration Protocol with the Madrid Salud Dental Health Centre, which has helped to provide dental treatment to a progressively greater and more significant number of CAD patients in the reinsertion process.
- Preparing and implementing a coordination procedure with the Primary Care Social Services regarding the making of the social exclusion certificate, thereby helping our patients gain access to new jobs in the labour market.
- Collaborating with the Environmental Education Department of the Environment and Mobility Area in developing the leisure activity "Vegetable Gardens and Health" in the Huerto del Retiro space, which has facilitated normalised, wholesome leisure activities.
- Working conjointly with the Service of Assistance to Judges and Information to the Detained (SAJIAD) to draw up an action procedure for young people aged 18 to 24.
- Preparing the addiction prevention programme at the workplace for Madrid City Council and its autonomous bodies in coordination with the Subdirectorate General for the Prevention of Occupational Risks included in the Autonomous Body of Madrid Salud.

1.2.4. In the field of quality.


- Drawing up the protocol and procedure for action to prevent addictions in teenagers and young people, based on Social Education. This individual intervention methodology was included in an "Intervention Guide with adolescents and young people in the field of addiction prevention".

- Drawing up the protocol and procedure for action to prevent addictions in teenagers and young people, in prevention, based on family orientation. This intervention methodology is included in the "Intervention Guide with families of adolescents and young people in the field of addiction prevention".
- Drawing up different intervention protocols by profession (psychology, occupational therapy, nursing and social work).
- Preparation of comprehensive intervention protocols for populations that, because of their special characteristics, require differentiated care (adolescents and young people, the homeless population and women who are victims of gender-based violence).
- Drawing up administrative and health management procedures aimed at improving efficiency and effectiveness at the CADs.
- Drawing up the Manual of Good Practices in Occupational Integration in Drug Addiction and disseminating it to other agencies in the sector.
- Drawing up the map of processes of comprehensive attention in the CAD.
- Participating in the preparation of reports of international importance, such as the "*European Monitoring Center for Drugs and Drug Addiction*" Report (EMCDDA) or the Document on "*Drug Policies and Cities*", of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
- Participating in international meetings on drug addiction in 2012 and 2015, organized by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS), in the National (2012, 2014 and 2016) and International Congresses of the Spanish Society of Dual Pathology (SEPD) in 2011, 2013 and 2015 and in the Atlantic Summit on Health Promotion and Health Education in 2015.
- Annual evaluation of the Service Charter of the AENOR-accredited Addiction Institute, within the project of Certification of Service Charters of the City Council in accordance with UNE 93200. The last evaluation, carried out on 15 March 2016, showed a 91.18% degree of fulfilment of the commitments in the Charter and a 100% degree of implementation of improvement actions.

- Establishment of a system of continuous monitoring of the actions of the Plan through a system of key indicators recorded in the Balanced Scorecard (BS).
- Carrying out biannual user satisfaction studies. Three were carried out in the period of the Plan (in 2011, 2013 and 2015), with the percentage of people satisfied globally with the Addiction Care Centres (ACCs) scoring 93.80% in 2011, 94.50% in 2013 and 94.80% in 2015.
- Substantial development in knowledge management at the Addiction Institute through the design and development of Training and Research Committees that were able to articulate, promote and guarantee quality in these matters while letting every centre and profession participate.
- The process of raising awareness of and training in the different aspects related to research was completed until the demand by our professionals was met, achieving an increase in the amount and quality of scientific output, while at the same time starting to articulate collaborative networks, including a large-scale international project funded by the U.S. Government and with a central node at Harvard University (*Latino Research Partnership*).
- How our professionals are trained was substantially modified, ranging from courses for technicians, to multi-year competency training plans, designed in a very participative manner, which respond both to the specific needs of each profession and to those common to several or all professions.
- There was also a substantial increase in the training of university students from various universities in Madrid, both undergraduate and postgraduate, nearly saturating our capacity.

1.3. The Addiction Plan. Update 2017 - 2021.

One of the guiding principles underlying the current Addiction Plan is that of "*Adaptability and Innovation*", by virtue of which we keep our pledge to foresee and anticipate social changes in general and, specifically, ones that continually occur in the field of Addictions, by monitoring their evolution in order to spot emerging needs and articulate a flexible response adapted to them.



This update of the Addiction Plan for the 2017 - 2021 period has also taken into account the crucial aspect of having institutions and civil society participate together, thereby giving continuity to a line that is still one of its main hallmarks.

Therefore, in order to promote society's utmost collaboration in this process of revision and updating, a series of actions have been carried out prior to the new drafting of the Plan. These actions ensure both in-house participation (of workers at the Addiction Institute itself) and external participation (of institutions, social organizations and people of special relevance or experts on the subject of addictions), as well as the participation of users of these services. The goals of this entire participatory process have been to assess the current situation of addictions and possible future changes, detect key strategic aspects of addictions that serve as a frame of reference for designing the new Plan and describe at a general level which elements are to be maintained, strengthened or modified.

Thus, the actions carried out in conjunction with the Department of Evaluation and Quality of Madrid Salud are as follows:

- On-line survey by the staff of the Addiction Institute on the main areas of action of the Plan. Eighty-nine people from the ACC and Central Departments took part.
- SWOT analysis at three randomly chosen Addiction Care Centres (two ACCs and one CACC). The staff at the selected centres were asked open questions regarding the strengths, weaknesses, threats and opportunities in their work, taking into account the objectives of prevention, assistance and reintegration.
- In-depth interviews with key informants: 12 relevant people were interviewed both for their knowledge of addictions and for their experience or for their holding positions that allow them to have a broad overview of addictions or to know how the citizens perceive the subject.
- Carrying out two discussion groups with ACC users. They were carried out at the Hortaleza and Arganzuela ACCs. Through them, it has been possible to find out their opinion, demands and expectations about the Addiction Plan and the services it offers.
- Triangular groups. Two have been carried out, one with trade union representatives from Madrid Salud and the other with experts from scientific societies: Sociedad Española de Patología Dual and Socidrogalcohol.

By means of all these actions, a wealth of useful information has been attained to guide and update the Plan, while also identifying which issues require a specific and more in-depth debate. These issues were finally discussed at length at a

Workshop in which professionals from the Addiction Institute took part along with representatives from other areas and municipal services and from other institutions, citizens' organisations, associations of those affected, associations of professionals and collaborating organisations.

The workshops covered the following topics:

- Workshop 1. Social integration in addictions; how to move forward.
- Workshop 2. Intervention with teens and young adults: main challenges.
- Workshop 3. Intervention with people with low potential for change, who require prolonged treatment. Intervention in harm reduction.
- Workshop 4. Intervention with women; Gender perspective in addictions.
- Workshop 5. Community intervention in addictions.
- Workshop 6. Intervention with families
- Workshop 7. Intervention with people with functional diversity.

The most significant conclusions of these workshops are set out in Appendix 4 to this document.



2

GUIDING PRINCIPLES AND CRITERIA OF THE PLAN.

2.1. Introduction.

The reflection and debate generated, both among the group of professionals from the Addiction Institute itself, and in the forums that have been promoted in the process of revising the City of Madrid's Plan of Addictions, have also taken into consideration the guiding principles and criteria of the same, incorporating some more to those already contemplated. These guiding principles or criteria are the foundation, for professionals working in this field, of their continuous effort to do a job well done and provide a quality service to those affected, their families and the entire community.

Many of these guiding principles have sustained and given meaning to the actions developed throughout the history of attention to drug addictions in our city and are still valid today. Others are the result of changes in the phenomenon of addictions, of the experience of technical and professional teams and of the questions that have been raised about the evolution of addictions in the forums for reflection and debate mentioned above.


2.2. Guiding principles and criteria of the Madrid City Addiction Plan.

The guiding principles or criteria set out below are intended to combine experience and innovation as fundamental guides for the process of adapting to a reality that is constantly evolving.

1. Ethical commitment. To defend that all actions developed within the framework of the present Addictions Plan take into account the ethical principles of humanity, autonomy, justice and innocuousness, as well as respect for human rights. In this sense, the Madrid City Plan for Addictions is aligned with the Madrid City Council's Strategic Plan for Human Rights, developing some of its objectives and goals.
2. Comprehensive Approach. To understand addictions as a complex, multicausal and multifactorial phenomenon, providing responses that take into account the various factors involved, from the application of a bio-psycho-social model, both for prevention and for the assistance and reintegration of

addictions and their consequences on the various facets of people's lives and their environment.

3. **Universality and Equity.** To facilitate, under equal conditions and without discrimination, the access of the entire population to preventive, assistance and social integration benefits, publicly and free of charge, according to need, paying special attention to the most vulnerable social groups or those with greater difficulties in accessing and taking advantage of services and resources.
4. **Intersectorality.** To promote coordination and cooperation among the various public networks, institutions and social organizations, as a strategy to articulate responses adjusted to the complex and multifactorial nature of addictions.
5. **Integration and Normalization.** Orient all intervention processes that are carried out, whether of a preventive nature or referring to the continuous "assistance-reinsertion", towards the ultimate objective of achieving the greatest possible degree of social integration, selecting whenever possible, the use of existing standardised resources and strengthening the maintenance or recovery of family and social links.
6. **Adaptability and Innovation.** Anticipate and anticipate social changes in general and, specifically, those that continually occur in the field of addictions, monitoring their evolution in order to know emerging needs and be able to articulate a flexible response and adapted to them.
7. **Quality and scientific evidence:** Orient the actions of the Addiction Institute towards continuous improvement, the search for user satisfaction, the efficiency and effectiveness of the system, through processes of training, research and continuous evaluation. In this sense, the present Plan advocates progress in the implementation of programs in which the theoretical foundation, empirical validation of interventions and evaluation are nuclear elements of a way of acting based on scientific evidence.
8. **Gender perspective:** To carry out a continuous review and updating of interventions in all areas from this perspective, so as to guarantee the adaptation of programmes, services and actions to the differentiated characteristics and needs of men and women.
9. **Identity diversity perspective,** so that the necessary measures are taken to facilitate access and attention to people with diverse identities (sexual orientation, functional diversity, ethnicity, culture, language, etc.), so that an adjusted response can be given to their needs, simultaneously promoting their social integration.



10. Community perspective, promoting participation and networking and contributing to the strengthening of civil society, social responsibility, organizational autonomy of citizenship, and solidarity and mutual support.

3 COORDINATION.

This update of the City of Madrid's Addictions Plan aims to respond to a complex, multi-causal and multidimensional reality, such as the problem of addictions, and the damage and risks associated with them. This response, therefore, must necessarily be a plural and comprehensive response, which can only be articulated through structures and processes of coordination between the different services, programmes and institutions with responsibility for some or all of the parcels that form part of the reality of this phenomenon.

This coordination is as necessary as it is complex. The difficulty involved in setting up and maintaining the structures, processes and protocols for coordinated action between the different institutions involved in the issue of addictions is, on occasions, one of the main stumbling blocks with which the care networks must face in order to offer adequate responses to the different personal, family and social realities. This complexity, however, constitutes a fundamental challenge, since only in an adequate coordination strategy lies the possibility of successful interventions and the capacity to generate mutual synergies between the different agents involved.

3.1. Levels of Coordination of the Addiction Plan.

3.1.1 Coordination at international level.

Madrid is one of the Spanish cities that allocates a greater number of resources (economic, human and all kinds) to intervention in addictions. This fact, and its long history in the prevention and treatment of drug addictions, have made the city an important reference in international forums directly or indirectly related to the problem of addictions.

In this international field, the Addiction Institute maintains open lines of collaboration and coordination with other cities and countries in aspects such as:

- Coordination with the Government Delegation for the National Plan on Drugs, in the training of technicians and in the design and elaboration of intervention plans on drug dependence in other countries, as well as in other international cooperation programmes on drug dependence.
- Participation in international forums on addictions.

- Reception of delegations of policy makers and technicians from other countries on drug dependence, to publicize our programs, services, coordination systems, evaluation, etc..

3.1.2. Coordination at national level.

- With the National Plan on Drugs in the development of programmes, research and publications on drug dependence and development of interventions in different fields, in line with the guidelines of the National Strategies on Drugs.
- With the Spanish Federation of Municipalities and Provinces (FEMP), in the preparation of technical documentation and publications on drug addiction, training activities, research and dissemination of activities and programs.
- With national Foundations, NGOs and federations working on drug addiction, technical issues, training, studies, research, publications, etc.

3.1.3. Coordination at regional and local level.

The Addiction Institute coordinates an important network of centres, programmes and services aimed at the prevention and comprehensive treatment of addictions in the city of Madrid. In order to achieve its objectives, this wide and diversified Network needs to develop a continuous task of coordination with other networks and services, both at regional and local level, which allows it to complement actions and thus offer a plural response to the needs of people affected by a problem of addiction, their families and society as a whole.

The following are the main lines of coordination developed by the Addiction Institute in these areas, as well as the priority lines of action in which it is considered necessary to grow and deepen in the coming years.

3.1.3.1. Coordination with the General Directorate of Public Health of the Ministry of Health of the Community of Madrid.

Technical coordination is maintained between the Addiction Institute and the S.G. for Action on Addictions of the Ministry of Health of the Community of Madrid.

Along these lines, it is considered necessary to advance in the establishment of agreements and to generate stable coordination structures, which facilitate the joint planning of actions in the area of addictions in the territorial scope of the City of Madrid.

3.1.3.2. Coordination with other public networks.

- With Primary Health Care for the development of a joint work, aimed at facilitating actions in terms of prevention, access of citizens to both networks, as well as the treatment and standardization and social integration of patients.

- With the Mental Health Network, for the development of joint action protocols for the intervention with patients with Dual Diagnosis, so as to guarantee the coverage of their needs and make the most of mutual resources.

3.1.3.3. Coordination with the "Third Sector".

- Maintenance of subsidy agreements in the area of addictions with NGOs in the field of drug addictions, among others with the Spanish Red Cross, Caritas Madrid, the Union of Associations and Entities for the Care of Drug Addicts (UNAD), the Madrid Platform of Entities for the Assistance to the Addicted Person and his Family (FERMAD) and the Home Project Association, for the development of comprehensive treatment programs for addictions, training, research, family care, community mediation, etc.
- Support to the associative movement for the development of prevention, treatment and reinsertion programmes and resources in relation to addictions, through an annual call for project grants that complement the main lines of action developed by the Addiction Institute itself.

3.1.3.4. Coordination with Universities and Professional Colleges.

- Agreements with different Madrid Universities (Universidad Complutense, Universidad Autónoma de Madrid, Universidad Rey Juan Carlos, Universidad Nacional de Educación a Distancia, Universidad de Alcalá de Henares, etc.) for the development of practical training programmes for students from different professional disciplines and for the promotion of research and continuous training and updating of the professionals of the Addiction Institute Network.
- Agreements with hospitals in Madrid for the rotation in the CAD of different professionals.
- Agreements or collaboration agreements with Official Colleges and other professional associations for the development of joint actions in the fields of training, research, assistance-reinsertion and social awareness in the area of addictions.

3.1.3.5. Coordination with municipal areas and services.

○ Madrid Health

The Addiction Institute, for the development of its actions, has the support of the other Subdirectorates of the Autonomous Body "Madrid Salud", both in the area of management and in the area of services provided to citizens and the prevention of addictions in the workplace of the Madrid City Council and its autonomous bodies.

The Management Committee of Madrid Salud, chaired by the Manager, promotes and facilitates coordination between the different Sub-Directorates, the Evaluation and Quality Department and the Communication Unit, in order to achieve more comprehensive action and more effective responses to the challenges that the city poses in the area of health.

For the attention given to citizens, it is important to collaborate and coordinate with the Subdirectorate General for Prevention and Health Promotion: with the Madrid Health Centres (CMS) for the development of community programmes and Intervention, with the Technical Units for Diagnostic Support, Clinical Analysis Laboratory and Prevention of Cognitive Deterioration.

○ **Government Areas.**

- Health, Safety and Emergencies Government Area, to which Madrid Salud belongs. With the Directorate General of the Municipal Police, which plays an important role in controlling and reducing the supply of alcohol and other drugs and with which the Addiction Institute collaborates in various actions aimed at young people for the prevention of addictions and with SAMUR Civil Protection also in actions aimed at young people and adolescents with acute intoxication by alcohol and other drugs.
- Area of Government of Equity, Social Rights and Employment and, within it, with the D.G. of Community Integration and Social Emergency, with the D.G. of Family and Childhood, with the D.G. of Education and Youth, with the D.G. of Elderly People and Social Services or with the Employment Agency of Madrid, with the aim of advancing in the development of joint action protocols that respond to the needs of the different patient profiles and facilitate their process of change and integration into society.
- Government Area of Citizen Participation, Transparency and Open Government and, more specifically, with the DG of Transparency and Attention to Citizenship, in the development and monitoring of actions aimed at improving the quality of services provided to citizens from the Addiction Institute.
- Environment and Mobility Area, for the development of reinsertion programs related to the care of parks and activities in urban gardens.
- Government Area of Gender and Diversity Policies, for the development of the "*Protocol for Intervention to Gender Violence in the DAC*".

3.2. Technical Forum of the Addictions of the City of Madrid.

In order to guarantee the Plan's operability, to continue in the tradition of encouraging maximum participation in the development of policies to combat

addictions and to foster an effective coordination environment, the "*Technical Forum on Addictions in the City of Madrid*" was created, considered in the Plan 2011-2016 as its main coordinating body.

The aim of this Forum is to facilitate channels of coordination between different Areas and General Directorates of the City Council, as well as with other institutions and entities that develop their activity in the field of addictions in the City of Madrid and whose collaboration is necessary to achieve the objectives of the Plan.


The members that in the Plan 2011 - 2016 were part of the Plenary of this Technical Forum of Addictions included a:

- Manager of Madrid Salud.
- Deputy Director General for Coordination of Addiction Programs at the Addiction Institute.
- Representative of the Subdirectorate of Public Health of the City of Madrid.
- Representative of the Subdirectorate of Prevention and Health Promotion of the City of Madrid
- Representative of the Vice-Mayor's Area.
- Representative of the Security and Mobility Area.
- Family and Social Services Area Representative(s).
- Representative of the Department of Health of the Community of Madrid.
- Four representatives of the representative Third Sector Entities in the field of addictions: Spanish Red Cross Asamblea de Madrid, Cáritas Madrid, Unión Española de Asociaciones y Entidades de Atención al Drogodependiente (UNAD) and Federación de Asociaciones para la Asistencia al Drogodependiente y sus Familias (FERMAD).
- Head of the Assistance Service of the Addiction Institute of the City of Madrid.
- The Heads of the Department of Prevention and Reinsertion of the Addiction Institute of the City of Madrid.
- The Head of the Evaluation and Quality Department of Madrid Salud.

The Technical Forum on Addictions of the City of Madrid will approve its own internal operating regulations in accordance with the Decree of 19 April 2016 of the Mayoress approving the model decrees for the creation of collegiate bodies.

Within this Forum, five working commissions of an eminent technical nature have arisen, which have addressed the issues with the greatest need for coordination: Family intervention, adolescents and young people, homeless drug addicts and other groups at risk of exclusion, social integration and employment, and

a gender perspective on addictions. The following table shows the members and the work carried out.

 TECHNICAL FORUM ON ADDICTIONS Madrid Addiction Plan 2011-2016		
COMMISSIONS	MEMBER AGENCIES	ACHIEVEMENTS
1. Family intervention	<ul style="list-style-type: none"> - Addiction Institute - DG for family, childhood, education and youth - Fermad - Red Cross 	<ul style="list-style-type: none"> - Questionnaire aimed at ACC, CACC and EESS professionals - Technical workshops on Municipal Family Care - Dissemination: brochure on services provided
2. Teens and young adults	<ul style="list-style-type: none"> - Addiction Institute - Public Health Institute - DG for family, childhood, education and youth - Municipal Police - Fermad - Red Cross 	<ul style="list-style-type: none"> - Protocol collaboration minors acute alcohol intoxication and/or other drugs [SAMUR PC-SAMUR Social, Municipal Police, Addiction Institute] - Programme: City framework on prevention of addictive behaviours at school - Draft Protocol for Tutor Agents regarding sanctions
3. Homeless drug addicts and other groups at risk of social exclusion	<ul style="list-style-type: none"> - Addiction Institute - Madrid Salud dept of eval & quality - DG Equality between men and women - Madrid APN - Fermad - Red Cross - Cáritas - SAMUR Social - Faciam 	<ul style="list-style-type: none"> - Procedure for attending to homeless people with alcoholism or other drug problems - Network of municipal care centres for addictions and homeless people
4. Social integration and employment	<ul style="list-style-type: none"> - Addiction Institute - DG Elderly. Social care, IS and AE - Employment Agency - Fermad - Red Cross 	<ul style="list-style-type: none"> - Protocol of coordination between Social Services Centres and the ACCs - Certificates of social exclusion - Workshops job training in gardening and plant nurseries - Agreement collaboration between the Employment Agency and the Job Counselling Service
5. Gender perspective in substance abuse	<ul style="list-style-type: none"> - Addiction Institute - DG Equality between men and women - Municipal Police - Fermad 	<ul style="list-style-type: none"> - Protocol coordination among the different agencies involved - Studies on women with addiction problems (ACC Latina, ACC Villaverde)

4 STRATEGIC LINES AND OBJECTIVES OF THE ADDICTION PLAN.

Almost 30 years ago, Madrid City Council assumed an important responsibility in relation to drug addictions. In addition to the competences traditionally attributed to the municipalities, which cover the areas of prevention and support for the social reintegration of those affected, in the case of the City of Madrid, its Municipal Plan against Drugs assumed commitments in the area of assistance as the ideal means to articulate an urgent and close response to a problem that was generating great social and health alarm and concern.

The update of the Madrid 2017-2021 Addiction Plan maintains the commitment acquired by the first Municipal Plan against Drugs and also proposes the incorporation of new goals and the expansion of its activity to new areas of intervention.

4.1. Main strategic lines of the Addiction Plan.

The planning of the actions to be developed in this Plan in order to achieve its objectives will be guided by a series of guidelines or strategic lines, among which we highlight the following:

- Prevention as a priority line of intervention, aimed at raising social awareness of the risks related to addictions, offering citizens quality information and training based on evidence and adapting and strengthening preventive action to new spaces of social communication, particularly the Internet and social networks, with special emphasis on underage alcohol consumption.
- Priority in comprehensive care for adolescents, young people and their families, in their natural district and neighbourhood community environment, particularly in educational centres and their professionals, as well as in the Addiction Care Centres (CAD) of the municipal network, strengthening specific action teams and protocols for this population and focusing attention on the consumption of alcohol, cannabis, inappropriate use of new technologies and pathological gambling.
- Specific development of programmes aimed at women, addressing the difficulties they face, with special attention to gender-based violence linked to addictions.

- Pay special attention to the most vulnerable groups or those with the greatest difficulties in accessing and making appropriate use of network resources: chronic and/or cognitively impaired patients, patients with dual pathology, homeless drug addicts, people with special needs due to differences in origin, culture or language, patients with legal problems and other groups at risk of exclusion.
- To reduce the risks and harm associated with consumption through individual and collective strategies aimed at minimizing the harm associated with consumption without necessarily reducing or eliminating it, so they are usually well accepted by patients who cannot or do not want to stop consuming. Harm reduction is a proven strategy promoted by the European Union. This is a public health strategy because it manages to improve not only the health of consumers, but also that of their families, their immediate environment and society in general and is based on a strong commitment to human rights.
- To respond to the new needs that appear in our city in the field of addictions, such as behavioural addictions and the consumption of emerging drugs.
- To guide interventions from an comprehensive and integrating perspective that, starting from the multicausality and complexity of the phenomenon of addictions, generates multiple and comprehensive responses, whose ultimate objective is the achievement of the highest possible degree of health, well-being and social and labor integration of the affected people and social groups.
- Improving coordination and networking in district and neighbourhood community environments, promoting the efforts developed by the different services, institutions and social organisations involved and favouring social participation and collaboration in joint spaces such as "neighbourhood plans".

4.2. Mission of the Addiction Plan.

The mission of the Addiction Plan of the City of Madrid is to prevent or reduce the addiction problems of the population of Madrid, as well as the damages and consequences related to addictive behaviour; damages and consequences that may affect the addicted person, their immediate family and social environment and the community as a whole.

4.3. General objectives.

The Addiction Plan has a number of major objectives:

- Promote actions to avoid and/or delay the age of onset of addictive behaviours, as well as reduce the risks associated with them.

- To offer adolescents and young people with addictions or at risk of presenting them with the necessary attention and resources to address, in a comprehensive manner and with a gender perspective, risk situations, addictive behaviours and the damage and consequences derived from them, seeking to improve their health and quality of life, their family and social environment, and their level of integration.
- To offer adults with addictions the attention and resources necessary to address, in a comprehensive manner and with a gender perspective, both their addiction problem, as well as the damages and consequences derived from it, seeking the highest possible degree of integration into society and the improvement of their health and quality of life as well as that of their family and social environment.
- Quality assurance: To guarantee the quality and continuous improvement of all the services provided by the Addiction Institute of the City of Madrid.



5

ADDICTION PREVENTION

5.1. Introduction.

Prevention is a priority axis of national and international strategies for action on addictions, in response to the requirements of the agencies responsible for their monitoring and attention and the concern of citizens before them. Its ultimate goal is to help promote a healthier society.

According to the latest data from the Survey on Alcohol and Drugs in Spain (EDADES) published in May 2017, drug consumption in general has stabilized or decreased in the last two years in the Spanish population between 15 and 64 years. This trend drives the continuity of the effort that Madrid Salud has been making in addiction prevention.

For this reason, this Plan reiterates and strengthens the evolution of preventive action towards an intervention focus on groups and persons at risk (selective and indicated). The intervention is aimed at adolescents and young people at risk of developing a problem of addiction or who present an incipient addictive behaviour, working in complementarity with their families, the educational community and the community environment.

5.2. Community Prevention.

Community prevention of addictions in the city of Madrid faces different realities derived from the different characteristics of each of the 128 neighbourhoods of Madrid. Health inequalities form a map of the city in which proportional universalism (preferential attention to groups and neighborhoods with the greatest health needs or the most vulnerable, without neglecting the rest) is the basic strategy to guide preventive action. The adolescent and youth population of these neighbourhoods needs an intervention that reduces the gap in the risk of addictions.

Community prevention of addictions is part of the Community health framework based on the "assets in health" model. We work with the most proactive elements of the community, thus making it easier for people in each neighbourhood and district to take a leading role in decision-making, thus enhancing protective factors against addictions.

The premise for a community intervention is to have the involvement and participation of the community in its own process of change and for this, we work at

different levels of intervention to ensure their participation and, with it, the achievement of the following objectives:

- Collaborate with health assets related to addictions that are consolidated in the community itself (public administration, associations and social groups) to promote shared social responsibility.
- To be present in the participation spaces that guarantee organisation and commitment (forums, roundtables, neighbourhood coordinators, etc.) in order to ensure that institutional representatives, social agents and the community itself design joint actions and action programmes, with a common structure and objectives.
- To facilitate the development of community initiatives aimed at the adolescent/youth population in relation to the prevention of addictions, hand in hand with the assets present in each territory.
- Coordinate both the participation of the Public Administration, at a political and technical level, as well as the participation of the community in the management of its actions.

5.2.1. Participation in Community projects.

In our city, the social fabric has a great dynamism, both in terms of the creation of new social platforms from which to work, and from the increasingly active intervention in sectors complementary to the work of the Administration.

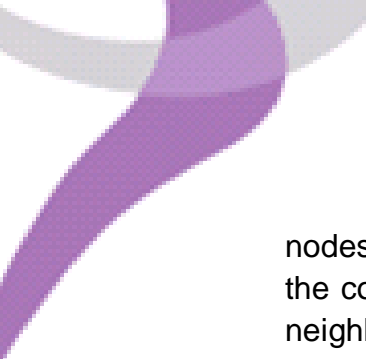
The Addiction Institute establishes its community-based preventive intervention by working simultaneously with public and private entities, with mediators or health agents and, of course, with the citizens themselves to facilitate their empowerment in the prevention of addictions.

The Teenagers and Youth Team of each ADC is, for the districts of the city of Madrid, a basic reference for access and coordination of the community to municipal resources for prevention of addictions. In this role, he provides advisory and supervisory services to the professional figures and entities of each community.

It is especially significant the function that Social Education and Family Orientation have, through the resources with which they work in coordination, in the detection and attention of problematic situations, young people at risk and families with possible problems of addictions. Through this detection/captation, together with the rest of the Adolescents and Youth Team (EAJ) of each ADC, you will be able to design an intervention adapted to the needs detected.

As referents in district or neighbourhood coordination structures, they promote and participate in community projects in their different phases of development:

- Community Asset Mapping: analyzes district needs and prospecting for community assets in each territory. These assets make up the significant



nodes of the addiction prevention network and are the basis for work within the community. It is carried out starting from the district level and focusing on neighbourhoods which, due to their characteristics of inequality, become priority intervention areas.

- Implementation of community intervention:
 - Dissemination, information and exchange actions: an important objective of this action is the presentation of the portfolio of services available to the Addiction Institute.
 - Support for the driving groups of new projects, making it easier for them to be led by citizens' assets.
 - Promotion of community prevention actions in addictions.
- Evaluation of the intervention to favour the continuous improvement and sustainability of the initiatives developed.

Hand in hand with other municipal assets present in the territory (professionals in Promotion and Prevention of Madrid Health, Youth, Equality, Education, Social Services, Municipal Police Tutor Agents), as well as professionals from the Community of Madrid (mainly from educational centres), and from social fabric entities, actions aimed at the most vulnerable groups are promoted.

In minors, this population is significantly concentrated in alternative educational levels to the more normalised secondary education, which tend to present difficulties in developing a healthy leisure time in normalised environments in their neighbourhood, given the added stigma that often accompanies them. The work aimed at these groups allows us to reduce the risk gap with respect to other, more normalised adolescents and young people, while at the same time allowing us to offer them access to the municipal health network (addictions and promotion and prevention) which would otherwise not have access to our services due to a lack of reference adults concerned about their situation.

In the entities and the social fabric of the neighbourhoods and districts, a large part of the work of visibility, early detection and recruitment is carried out by the team of adolescents and young people (mainly Social Education and Family Guidance), carrying out actions with families, professionals or adults of reference and adolescents and young people, of a group nature or individual counselling.

5.2.2. Training of social mediators.

The involvement and participation of all social agents in the prevention of addictions requires the acquisition of knowledge and skills that are implemented through specific training. The role of mediation is oriented, on the one hand, to protection factors and, on the other hand, to the identification, motivation and

derivation of cases of risk or related to the consumption of substances and/or problematic use of TICO.

To this end, training is offered in two modalities:

- Training through the Internet. Development of on-line courses with university certification for professionals and with MOOC-type training (open mass online course) aimed at the general population, especially families.
- Face-to-face training and/or training activities: Its target population is the people who are referents in the care of adolescents and young people in each territory. The contents are aimed at detecting situations of risk, deficiencies in health education or relational problems between peers or relatives and actively encourage participation in healthy leisure through the empowerment of the most vulnerable groups. From the transmission of some basic contents, the training of social mediators is flexible and adapts to the needs and demands of the entities in which it is given. It addresses three types of mediators: active professionals, professionals in training, and adolescents/youth with expectations of training as health agents.

5.2.3. Prevention of alcohol consumption in open spaces

The consumption of alcoholic beverages in public spaces by adolescents and young people continues to generate social alarm and certain public health problems (abusive consumption at early ages) and citizen coexistence (noise, dirt, feeling of insecurity...).

The analysis of this problem, as well as the positive evaluation of previous experiences, reinforce the suitability of strengthening direct intervention programmes in areas of consumption (motivation towards "non-consumption", reduction of consumption and risk management) as a key to reducing the risks and possible harm associated with this leisure model.

When designing these interventions, the differences between the consumption of adolescents and young people "*in bottles*" and the consumption associated with events and citizen celebrations have been taken into account. In the latter, most of the time, adult consumption associated with the celebration itself coincides with a younger consumption that takes place in less visible spaces close to the party area.

For this reason, we have two intervention models, depending on the target population:

- Minor population, between 13-17 years old, which meets late in the afternoon and early evening, depending on the time of year. They have a leisure style associated with activities in open environments (parks and squares, city gardens, etc.) in which free time is shared with peer groups. Consumption at

these stages usually intersperses soft drinks with low alcoholic beverages (beer and "calimocho").

- An adult population, 18 years of age or older, that meets when it starts to get dark and during the following hours, around celebrations and events of a social and citizen nature (district festivities, citizen celebrations, special days, etc.). Consumption at these events usually begins with beverages of lower alcoholic strength, such as beer and wine, to incorporate high alcoholic strength drinks (combined and liquors) as the night progresses.

On both occasions it is necessary to carry out important individual work (direct intervention with the person who is consuming) coordinated with interventions with the merchants of the environment and, in a special way, working in the areas where adolescents and young people meet.

Taking advantage of direct contact, the aim is to induce a "no consumption" positioning, to orient towards a consumption of lower risk, to reduce the harmful effects of abusive consumption, to avoid undesirable effects associated with consumption (pedestrian or traffic accidents, increase in aggressiveness or violence, etc.) and, at the same time, to promote healthy relationship habits and motivate changes in the leisure model and lifestyle.

5.2.4. Preventive work through the Internet.

Spending part of our time in digital environments is now a common social use. This is why access to our in-person services is facilitated through the different Internet channels. At the time of writing this Plan we worked with multiple tools: telephone numbers, web, blog, chat, social networks (Facebook, Twitter, YouTube and Instagram), online training, instant messaging (WhatsApp) and email. In the course of this Addiction Plan, it is to be expected that other digital environments will emerge in which addiction prevention is willing to participate.

The objective is twofold:

- Facilitate access to the face-to-face network in order to deal with cases at an early stage.
- To spread preventive messages so that the population of Madrid can make the prevention of addictions their own as another value of community health.

5.2.5. Prevention of drug use in the workplace.

Workplaces can influence health and illness in different ways. When working conditions are inadequate or the working population does not have the necessary training, knowledge or support, illnesses, accidents or other negative consequences can occur.

The importance of prevention in the municipal work environment is reiterated in order to avoid and/or reduce problems, as well as damages and consequences related to addictions among the staff of the Madrid City Council and its Autonomous Bodies. In order to do this, we offer people who need it a personalised intervention that guarantees confidentiality and favours labour and social integration. In this way, we comply with current regulations on the Prevention of Occupational Risks and Addictions.


The joint action of the Subdirectorate General for the Prevention of Occupational Risks, the Centre for Healthy Habits, the Subdirectorate General for Addictions, the Subdirectorate General for Human Resources and Trade Union Organisations continue to develop the Addiction Prevention Plan in the workplace of Madrid City Council and its Autonomous Bodies, which includes interventions aimed at the entire municipal workforce.

5.3. Prevention in Educational Contexts

The educational field is the set of community assets that come together around the educational centres and their activities. It integrates teachers, students and their families, and provides the added value of concentrating the efforts of a series of social mediators from other organizations and entities of the social fabric that participate in the educational process in a formal and informal way, within the framework of community development of districts and neighbourhoods.

It continues to be a privileged context for acting from the earliest stages of the personal development of adolescents and young people and constitutes the main access route to their families and professionals of reference, who exert a definitive influence on the generation of attitudes and present and future habits. There is abundant scientific evidence supporting the need and even greater effectiveness of preventive actions on these adult references, both in the modeling of healthy attitudes and habits towards health promotion, and in the early detection of situations related to addictions.





The aim of the work in this area is to contribute to delaying as far as possible the age of initiation in the use of alcohol, tobacco, other drugs and addictive behaviours, at the same time as favouring a critical and responsible attitude towards the risks involved in their use. Two fundamental objectives are pursued: to raise awareness and inform the educational community, the students and their families, with the intention of preventing addictive behaviour, to make early detection and capture of the same, motivating and facilitating appropriate care, depending on their needs, with the greatest agility and effectiveness possible.

To this end, the centres carry out universal prevention actions to raise awareness and provide information to the educational community in collaboration with other actors in the community, and selective and indicated prevention actions depending on the profiles of the students and according to the situations of risk or addictive behaviour that arise in relation to the consumption of alcohol, other drugs and/or problematic use of TICCO, adolescents and young people (up to 24 years old) in the City of Madrid.

In order to carry it out, the multidisciplinary teams of the ADC Adolescents and Youth Programme, mainly Social Education and Family Guidance, work together in a coordinated manner, favouring the agility and effectiveness of the derivations and actions.

Some of them are also complemented with different municipal agents present in the educational centres of the different districts (referents of the Prevention and Health Promotion Programme of the Madrid Health Centres (CMS), Municipal Police (Tutor Agents and Road and Civic Safety Agents) and Education Sections of the Municipal Boards.

Selective and Indicated Prevention Programme.

1.- Planning:

Prior analysis and planning of interventions at the beginning of the school year, priorities, strategies and lines of action are determined. The phases (dissemination, implementation, etc.) are scheduled. The evaluation criteria for the demands received from educational centres are established, the materials are updated and coordination with other entities is set in motion. The gender approach, multiculturalism and special needs are also taken into account in all actions.

The priority criteria for work in the classroom are:

- Priority centres requiring it: ACE, FPB, UFIL, CEPA.

- Non-priority centres that request our intervention, with which work has already been done and referrals have been made.
- Centres in which municipal agents are involved (Tutor Agents, Equality Agents, etc.).
- CE in which there are already individual cases previously dealt with and subsequently require us to intervene.

We're headed to:

- The management teams of the centres, the teaching staff and the educational guidance services, through interventions coordinated with the teaching staff, providing advice in specific situations and referral guidelines.
- To students, by means of classroom sessions as well as individual assessment and motivation advice.
- To families through group work and individual orientation.
- And other reference professionals and entities that act in this field, with the presence in local structures of coordination of services and actions, collaborating in common projects, and training mediators in prevention.

2.- Intervention with teachers:

Information about the Programme and its Services is provided to the school's management, faculty and guidance team. Information, training and counselling sessions are proposed so that adolescents and young people who may be at risk of addiction can be detected in their centre. It is a question of implementing strategies, resources and preventive tools, either in a general way for the school or in particular for a group.

The Team formed by Social Education and Family Guidance is encouraged to be its reference in the prevention of addictions, favouring the early detection and referral of cases, for individual assessment of students and/or families.

In relation to families, it is important that the educational centre itself participates in motivating and involving them prior to or parallel to the intervention with their children, and it is appropriate to include them in the process whatever the age of the young person, in addition to always being indicated to do so in children under 16.

3.- Intervention with students:

- Group sessions in the classroom: dynamic and highly participative sessions are carried out in which contents relating to "Adolescence and risks" and "Addictions: addictive process, substances, myths and *problematic uses of new technologies*" are worked on.
- Individual intervention: at the request of the teacher or the educational guidance team, the Social Education team initiates the process of individual intervention with adolescents and young people.

Intervention with families:

- Group through A.M.P.A:
Addiction prevention sessions are carried out with families, in which they work on contents relating to "Adolescence and risks and the role of the family" and "Addictions: substances and problematic uses of new technologies".
- Individual intervention:
Action is taken in specific situations in which individual intervention with a student is required, following the legal guidelines and those set out in the procedural guidelines for Social Education and Family Guidance.

5.4. Family Prevention

The scientific evidence shows the importance of implementing preventive resources from the family level, but when we talk about adolescents and young people this approach is essential.

The family forms the nucleus of coexistence of adolescents and young people, it is the natural environment in which much of their learning, development and personal maturation takes place, it is where many of the skills and tools necessary to face life and its challenges (including addictions) are acquired and where the adult person who will be in the future is polished and forged.

This challenge of leading minors, adolescents or young people through this journey to maturity, stability and equilibrium falls mainly on the family, so helping them, advising them and supporting them in this task and training them so that they have and can transmit the information necessary to educate in health and prevent addictions, is an unavoidable objective.

Family Guidance Service (SOF):

The family environment is the environment in which a risky or addictive behaviour can be detected early and where, when there are no signs of severity, the necessary tutelage can be set in motion in order to redirect it, preventing its progress and development and the possible consequences associated with it or facilitating its extinction, returning to previous levels of normality.

This Service is made up of psychology professionals, who form part of the multidisciplinary team of the seven ADC adolescent and youth programme, whose efforts, focused exclusively on the family and the preventive context in addictions, are aimed at relatives of adolescents and young people (up to 24 years old) in the city of Madrid, who have an interest in the prevention of addictions, doubts or suspicions or their adolescents or young people, present risk behaviour or some dimension of the addictive behaviour with greater or lesser evolution or levels of severity, related to alcohol, other drugs and/or the problematic use of new information, communication or leisure technologies (TICO).

Its objectives can be summarized as:

- Inform.
- To make visible the risks and indicators related to the consumption of alcohol, other drugs and/or the problematic use of TICO.
- Favour early detection.
- Carry out proactive recruitment actions.
- Provide families with the necessary advice and guidance to carry out this re-educational work with their own family and through it with their adolescents or young people, which redirects or neutralizes risky or addictive behaviours, when levels of severity have not yet been established.
- When levels of severity have already been presented, help them face this problem by providing them with tools to motivate their adolescents and young people to join a treatment program, facilitating in turn the passage of the family, to the next phase of intervention.

These actions define different moments within the same process and require very different actions, the phases of which are explained below.

5.4.1. Proactive Capture.

The scientific evidence also shows that the earlier, faster and more agile the actions, the greater the chances of success, so going beyond the passive waiting of demand is a primary objective.

Information, including dissemination of the service, visibility of risks and indicators related to consumption of alcohol, other drugs and/or problematic use of TICCO, are useful tools in identifying problems that may be going unnoticed or for which the appropriate resource was not found or knew.

As has already been mentioned in other sections of this chapter, these actions are carried out directly with the families of adolescents and young people, or through educational or community resources and services. Through family group sessions and advice to professionals on preventive content and on the best way to motivate and refer a family as soon as possible, whatever the moment of the process of their adolescents or young people in terms of risky or addictive behaviour.

5.4.2. Attention to Demand.

When a family member, on their own initiative or on the initiative of an entity or resource with which this previous phase has been carried out, as mentioned above, makes a request for care related to the area of addictions; except for exceptions or in the case of severe addictive behaviour, the gateway to the comprehensive care programme for adolescents and young people is made by SOF, through face-to-face appointments, which may or may not be supported by group interventions, both within the context of the reference CAD.

The objectives, methodology and procedure are described in Chapter 6.

Intervention with Adolescents and Young People at Risk.

One of the difficulties in working with adolescents and young people is to bring them closer to our specialised resources, whether they are at risk, using addictive substances or making problematic use of new technologies. The presence in their natural environment is fundamental to facilitate this approach, so actions are developed in educational contexts, family and community.

In these interventions, the Prevention team (Social Education and Family Guidance) acts as a link with the rest of the EAJ, initiating selective and indicated individual and group prevention actions aimed at early detection and proactive recruitment of adolescents and young people at risk and which constitute the main

gateway to the Comprehensive Care Programme for Adolescents and Young People, described in chapter 6.

5.5.1. Early Detection and Proactive Capture.

Early detection and proactive recruitment is carried out in the natural environment of adolescents and young people, directly with them or through their reference adults, as described in other sections of this Plan.

Mainly:

- Educational centre: especially in ACE, FPB, UFIL and CEPA classrooms, although intervention in any other Secondary School is not ruled out if it is detected by other mediators.
- Family Orientation Service (SOF).
- Municipal Police Tutor.
- Addiction Prevention Service (PAD): consultation telephone, on-line chat, web www.serviciopad.es and social networks.
- Community coordination entities and structures.
- Madrid Health Centres (CMS).
- Residential centres for minors in the Community of Madrid.
- Social Services.
- Health Centers

All this with the aim of reaching adolescents and young people, which in many cases is not easy and involves overcoming difficulties such as resistance and lack of motivation, as well as low awareness of risk or problem, which leads them to assume, if they do, the demand for help made by their adult figures of reference and not from their own perception of reality.

It is therefore essential to achieve an optimum personal approach to adolescents and young people from their own environment, establishing an appropriate link that facilitates a relationship of trust and help and which in turn allows us to assess the priority of the different needs detected, the early start of the intervention, obtain the approval and involvement of their family and environment in the programme and favour the motivation and loyalty of adolescents and young people to the intervention itself.



5.5.2. Attention to Demand.

The starting point will then be a work of motivation, together with interventions aimed at achieving individualized objectives. These objectives range from orientation towards healthier lifestyles, to considering the possibility of joining a treatment programme if necessary and, failing that, risk reduction or risk management, as a means of initial approximation.

Once the commitment has been achieved and the demand formalized, all the necessary resources of the adolescent and youth program are made available to the adolescents or young people, according to their profile, characteristics, situation and needs.

This programme is described below in chapter 6 of this document

6 COMPREHENSIVE CARE FOR ADOLESCENTS AND YOUNG PEOPLE

6.1. Introduction

As stated in the strategic lines of this Plan, one of the priorities of the Addiction Institute is the comprehensive care of adolescents and young people who present risk behaviours or some dimension of addictive behaviour, developing for this a continuous process of care that brings together the prevention, treatment and reintegration interventions that best adapt to each situation.

Adolescence and youth are decisive vital stages in personal development, as they carry out learning and skills, establish habits, beliefs and values, which will outline the personality, emotional stability and in general, the maturation process that will condition behaviour and future balance.


Comprehensive care aims to provide adolescents and young people with the necessary guidelines that will enable them to face the challenges of life, including situations associated with the use of drugs or other addictive behaviours, to minimize the impact they may have caused in their person or in their environment and to promote their healthy development.

It is therefore an objective of this Addictions Plan to guarantee a comprehensive approach in an early, flexible, effective, personalised, agile and realistic manner, favouring the recruitment, motivation and loyalty of adolescents and young people, their families and professionals from their natural environment, with special attention to the specificities of the youngest citizens, diversity, gender perspective, multiculturalism and special needs.

The continuum of comprehensive care for adolescents and young people was determined in 2016 with the design of the specific work process, included within the Quality Plan of the Addiction Institute of Madrid Salud.

6.2. Comprehensive Attention Process.

It is aimed at adolescents and young people in the City of Madrid, aged 24 or under, who present a series of risk factors or personal, family, social or cultural circumstances that place them in a position of special vulnerability to addictions related to the consumption of substances and/or the development of other risk



behaviours related to information, communication and leisure technologies (TICO), or who have developed any dimension of addictive behaviour.

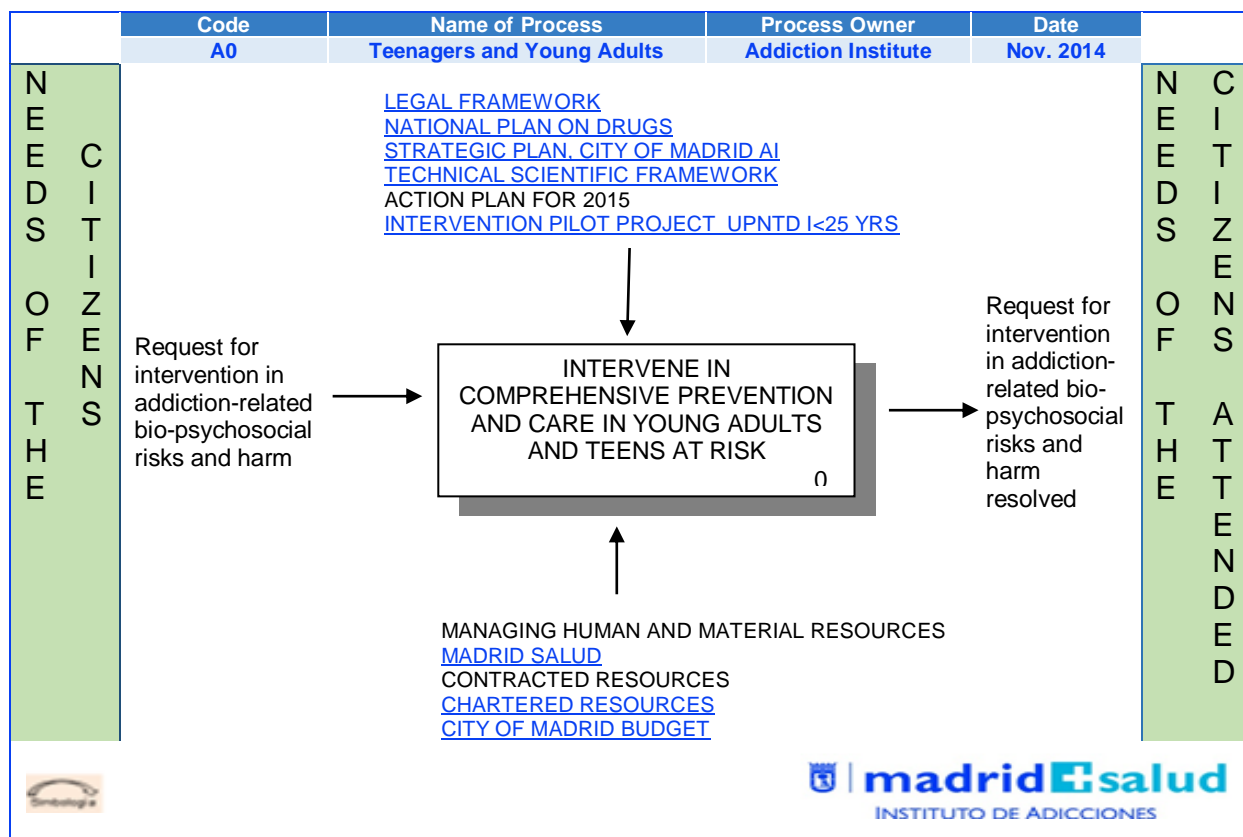
Attention is seen as a continuum of protocolised actions, designed to be able to act whatever the dimension of the situation presented by each adolescent or young person in relation to addictions, and therefore, with actions adapted to the characteristics, needs and demands, depending on the level of risk, the degree of affectation or severity that is present and the characteristics of their environment.

The process, which is applied in a staggered manner, begins with the work carried out through the network of resources and services deployed in the community fabric of the City, the districts and the neighbourhoods. Informative, awareness-raising and training actions are carried out, both through the Internet and social networks, and in collaboration with citizens' organisations and with educational centres and their professionals.

It continues with the detection of risk situations and proactive recruitment, the assessment of the level of risk in each case, the determination of the type of intervention required, which includes, according to the needs, individual, group and family preventive care through socio-educational and orientation actions, and if required, specialised treatment with resources and work methodologies that adapt to the needs and characteristics of this population, including actions aimed at reinsertion, such as pre-work workshops and convivial resources.

This process is applied from the Addiction Care Centers (CAD), which have multidisciplinary teams for adolescents and young people (EAJ), which carry out this specialized and comprehensive approach with individualized attention and adjusted to each reality, which favors the motivation and loyalty of each adolescent or young person who attends.

Attention is adjusted to the specific characteristics of adolescents or young people in terms of the characteristics of their life stage, and the relevance of family and environmental involvement, without forgetting the special attention to diversity, gender perspective, multiculturalism and any special needs that may arise.





6.3. Phases of the Process.

6.3.1. Awareness, information and proactive recruitment.

Comprehensive care begins with general preventive actions aimed at the citizenry as a whole (universal prevention), which favour early detection, proactive recruitment and preventive care of detected risk situations (selective and indicated prevention). This part of the process has been described in Chapter 5. Some of these situations are resolved at this stage and others follow the course of the process, depending on the interdisciplinary assessment.

6.3.2. Interdisciplinary Assessment.

We find ourselves with a transversal program that deploys the resources of both prevention and comprehensive treatment of the Addiction Institute. It is characterised by fundamental aspects such as speed in responding to demand, maintaining interventions in the most natural and ecological environment possible, being able to assess in an agile way which type of intervention is needed and which is going to be best accepted by the adolescent or young person with whom we want to work.

To facilitate this assessment, profiles have been established that allow us to make decisions about who, where and how to intervene:

Depending on the situation regarding addictive behaviour, we identified three profiles:

- Profile 1.- We meet people in whom there is a situation of risk or vulnerability but there is no active consumption or addictive behaviour or this behaviour or consumption is in an incipient form.
- Profile 2.- This profile includes those persons with active consumption with an evolution of less than 12 months, with abstinence of at least 3 months and/or without signs of severity (little effect on their daily life) or addictive behaviour with the same characteristics.
- Profile 3.- This profile, which includes addictive behaviour or active consumption with an evolution greater than 12 months and/or signs of severity (affectation in daily life), is subdivided into two groups depending on whether the adolescent or young person maintains normalised personal, relational, family and social functioning or, on the contrary, dysfunctional.

6.3.3. Multidimensional Evaluation.

In order to carry out the evaluation that allows the design of a personalised intervention plan (PIP), it is necessary to analyse the risk and protection factors that may be present in each case and in each moment or contextual situation.

In order to delimit and define this evaluation, we have taken into account those areas, dimensions or axes that are usually affected by addictive behaviours. The same dimensions are evaluated as in the case of adults (see chapter 7) together with the motivation for the intervention, a variable that, always being important, in the case of adolescents and young people will determine the rhythm of the intervention, the resources and therapeutic strategies used and the objectives to be set. The dimensions analysed are as follows:

1. Drug use
2. Other addictions or problematic uses.
3. Psychopathology.
4. Cheers.
5. Motivation for intervention.
6. Family Situation.
7. Formative-Labor Situation.
8. Socio-Relational Situation.
9. Situation in Leisure and Free Time

6.3.4. Design of the Personalized Intervention Plan.

On the basis of this evaluation, the objectives and strategies of the intervention in the different areas are formulated. With this, a personalized intervention plan (PIP) is designed, which contains the keys to guide the successive interventions or modifications in the initial design, depending on the continuous evaluation of the process. This IPP has, therefore, objectives and strategies adapted to the peculiarities of the case and a progressive approach to compliance, which is negotiated and/or agreed with each person and their family, so that points of agreement can be established between their needs and those aspects that, from the motivational point of view, are priorities.

In this way, actions aimed at linking the learning of positive skills and behaviours with personal reality and the particular living environment are incorporated into the PIP: training in personal and relational skills, learning strategies for the achievement of adaptive behaviours, actions aimed at promoting social normalisation and the approximation and inclusion in the standardised networks of the different resources.

In some cases, it will be necessary to work on basic educational deficiencies that hinder their integration, or training and work orientation actions and approximation to the labour market should be channelled.

6.3.5. Development of the Personalized Intervention Plan.

PIP actions can be carried out individually and/or in groups and are carried out by the interdisciplinary teams of ADC Adolescents and Youth, adapting the objectives and actions according to demand, motivation for change and the characteristics of the profile, defined fundamentally by the level of severity of the behaviour.

As already mentioned, the development of the intervention process, from its design and planning, contemplates as an inherent part, the participation of the different figures and resources that constitute the environment of each adolescent and young person. With this objective, the involvement of different reference figures will be actively sought, with whom, from the design of the intervention, it is considered necessary to plan joint actions, methodologically coherent, in order to achieve the objectives proposed in the IPP:

- **Family/Guardian:** The intervention should be completed, whenever possible, with family members. The work with the families will be carried out individually, the family with the person being cared for or the family alone and, on some occasions, group work with other families will be promoted.
- **Peer group:** working not only in user therapeutic groups but also with the natural groups of each adolescent and young person, allows changes to be

consolidated in natural environments, so that these changes are stabilised and remain in time with greater ease.

- Teaching staff (teachers, counsellors or others from their educational context), personnel from standardised resources, such as professionals from the health or social network, or from leisure resources (sports, cultural, recreational, etc.); as well as agents and entities from the social context and the immediate environment. The development of the PIP, as already mentioned, will be conditioned by the severity of the addictive problem posed by each young person, deploying the necessary strategies according to the affectation.

To this end, the Addiction Institute Network has specific resources:

- Team of Adolescents and Youth from each Center for Addiction Care (CAD): professionals from Social Education, Family Guidance, Psychology, Medicine, Nursing, Social Work and Occupational Therapy.
- Therapeutic Coexistence Resource for children under 25.
- Labour Orientation Service (SOL) and specific workshops for adolescents and young people.
- Specific programme with young people aged between 18 and 24 detained in the cells of the Guard Courts of Madrid. SAJIAD.
- Young workshops (motorbike mechanics workshop and electricity workshop).

6.4. Intervention Strategies.

6.4.1. Individual Intervention.

When a case of an adolescent or young person at risk of consuming alcohol, other drugs and/or problematic use of TICO or who already has addictive behaviours in any of its dimensions is referred, an individual intervention process is activated. As a general rule, the first contact is made by the Social Education Team, a facilitating and motivating figure for the intervention.

This situation can occur when the person makes the demand on his or her own initiative, or when it is referred to him or her from community resources that detect situations that may need intervention.

The aim of this individual intervention, which can be complemented by group actions, is to avoid the onset or development of addictive behaviour or, if it has been initiated, to achieve its redirection, whether it is the consumption of alcohol or other drugs or the problematic use of TICO.

The intervention is carried out by the interdisciplinary team (EAJ) of the CAD, which implements the personalized intervention program (PIP), seeking that it is agile and does not expand in time beyond what is necessary. The EAJ carries out

individual and group work sessions in which the methodology and tools of each professional discipline are used, for which there are agreed Guides and Protocols based on scientific evidence.

Since objectives are dynamic and evolve or change over time, continuous monitoring is necessary, adjusting the intervention according to the evolution of the adolescent or youth population.

6.4.2. Group Intervention.

The group is an important therapeutic tool that increases the efficiency of the work carried out from the different areas, not only as a way of better managing the time available to the team of professionals, but also as a way of facilitating positive synergies and the advantages that group intervention provides when facilitating the process of change.

In the case of adolescents and young people and in line with all the above, group intervention takes on special importance in the natural contexts of this group, and to this end we work in collaboration with entities and/or associations (community level), with educational centres (educational level) or through leisure and sports activities. This intervention in natural contexts is complementary to the group intervention carried out in the Addiction Care Centres (CAD).

The duration of the group activity, as well as the frequency and duration of the sessions, the condition of open or closed group, etc. will be determined by the type of group and its objectives.


6.4.3. Family Intervention.

Intervention with families presents different formats, depending on the situation, needs and the profile of the demand. As a general rule and unless it is a case of severe addictive behaviour, the first attention to the family is given by the Family Guidance Service (SOF).

This can occur when it is the family that makes the demand on its own initiative, when the family is derived from community resources, or when these same resources detect and refer adolescents or young people who need intervention and family involvement is requested.

The objective of this individual intervention, which can be complemented with group actions, is to avoid the initiation or development of addictive behaviour or, if it has been initiated, to achieve its renewal and/or neutralisation, whether it is the consumption of alcohol or other drugs or the problematic use of TICO.

In order to achieve these objectives, an assessment, design and development of the intervention is carried out, using a time-limited attention methodology, specific and adapted to these profiles and objectives, taking into account the time and dimension of the risk or addictive behaviour of the adolescent or young person, the



circumstances and needs of the family itself, as well as their level of motivation and commitment.

The main aspects that are worked with the families are the healthy development of the adolescent and young person, the emotional and anxiety management, the adjusted dimension of the problem, the consensus among the parents, the management of communication tools, norms and limits, affectivity and action guidelines to improve the family coexistence.

Depending on the different profiles, attention can be directed:

- Only to relatives, when the case requires this sole intervention.
- To relatives, as a previous phase to the access of teenagers or young people to the program.
- To relatives parallel to the intervention with their adolescent or young person.

In cases in which the severity of the addictive behaviour is detected, the aim is to facilitate the passage of the family to the next phase of the intervention process, as soon as possible, working to face the problem and the motivation to treat the affected person.

When the family needs an intervention focused on the treatment of the adolescent or young person, the process becomes the responsibility of the professional team responsible for the treatment. In these situations, strategies are worked on to tackle the problem of substance consumption in adolescence from the family environment and self-care for the family. In addition to the benefit that they undoubtedly have on the person in treatment, they contribute to facilitate a process of change aimed at restoring the balance and health of the family unit.

7

Comprehensive Treatment

7.1. Background


The 2017-2021 update of the City of Madrid's Addiction Plan is structured on a commitment to the basic principles defined in Law 5/2002 of June 27 on substance abuse and other addiction disorders.

An "addiction disorder" is defined as a non-adaptive pattern of behaviour that causes a physical or psychological disorder (or both) due to substance abuse or a particular behaviour, with negative effects on the psychological, physical and social dimensions of the person and his or her environment. This law considers substance abuse and other addiction disorders as common illnesses that negatively affect the biological, psychological, social and family dimensions. A consequence of this is that drug addicts can be equated with other ill people without being discriminated against.

Other basic aspects covered by the law that regulates how our community is to handle addictions are: the active promotion of healthy life choices and a health culture that includes rejecting the use of drugs; comprehensive interdisciplinary consideration of work in prevention, assistance and social integration involving the education, healthcare and social services systems in the Community; social integration, which must be linked to the caregiving process as equally important part and the end goal of the process; and promotion of a solidarity culture and the creation of a social awareness to encourage the forming of self-help groups for the people affected and their families.

In addition, this treatment plan also aims to accommodate new demands and the latest research.

At present there is a tendency to consider that there may be addictive or compulsive behaviour without any substances, and in this sense the Diagnostic and Statistical Manual of Mental Disorders DSM-5 (American Psychiatric Association) contemplates disorders involving substances and disorders not involving substances, with only Pathological Gambling considered in the latter case. It must be borne in mind, however, that requests for treatment are being received for other problem



behaviours related to the Internet, online gambling, information and communication technologies, which have been included in the current Plan in the understanding that an open mind and innovative stance will be maintained, provided that it is governed by the proposals of the scientific community. In addition, in order to address the requests made to us and the diversification of the types of substances and consumption patterns among people admitted for treatment, this Plan includes needs derived from the consumption of Emerging Drugs.

7.2. Comprehensive Care Network for Addictions in the City of Madrid

The very complexity of the phenomenon of addictions and the need to take a comprehensive approach to it have brought about the need to generate network resources so as to address the different problems associated with addictions that affect various aspects in the life of the citizens of Madrid.

Each resource or service making up the network is not, in and of itself, a solution to the problem, but one of several elements in a complex intervention process of which it forms part.

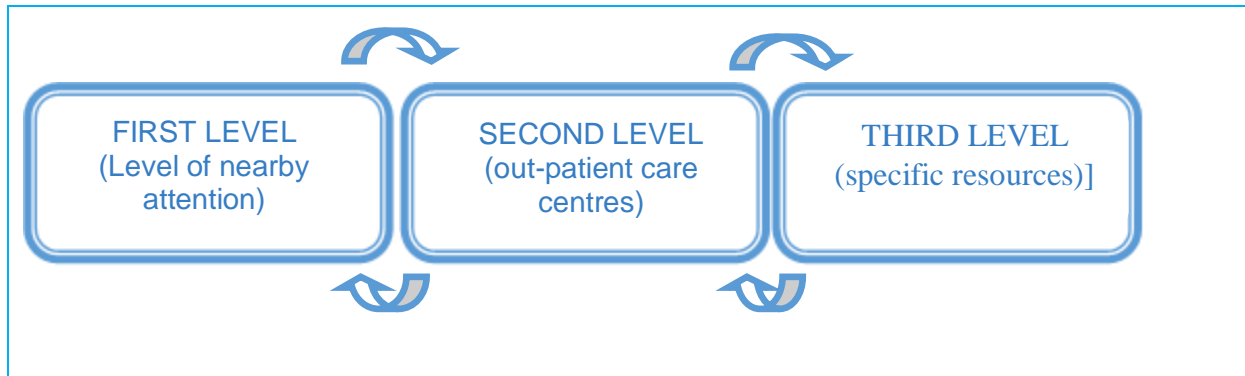
In order to articulate a comprehensive networked response that is consistent with the diversity of addiction-related issues, a wide variety of services and resources are needed, coordinated among themselves in an orderly manner. In order to be effective, these resources must be managed on the basis of action levels based on complementary allocation and diversification of functions.

Furthermore, keeping in mind that the ultimate goal of any intervention process in addictions is to ensure that the people affected are capable of developing a lifestyle that enables them to participate actively in social life and incorporate healthy habits into every area of their lives without having to resort to drugs, it becomes vital to keep close ties and coordination between the Drug Addiction Care Network and other social networks and services: Primary Health Care, Mental Health, Social Services, the education system, the business world, the fabric of civil society in general, promoting synergies to promote the processes of normalization and social integration of people affected by addiction problems.

Article 20 of Law 5/2002 of 27 June on Drug Addictions and other Addictive Disorders of the Community of Madrid defines the System of Assistance to Drug Addicts as a " diversified public network of care", which integrates general and specific centres and services in a coordinated manner, complemented with duly accredited private resources.

On the other hand, this same Law, in its article 22, emphasizes the need to guarantee equality in access to the resources, activities and benefits of the system, inserting them in the set of standard actions in all public services.

The Addiction Institute proposes the management of the resources that form part of the Comprehensive Treatment Network for Addictions at the following levels:



7.2.1. First level or level of nearby care

This level includes services whose main objective is to detect and recruit people with addictions who have no access to outpatient treatment centres by providing guidance, information and basic social and/or health care to these people.

The objectives of the different interventions, although not exclusively, are carried out from the perspective of harm reduction. The caregiving takes place in a context close to people who cannot or do not want to stop consuming in order to bring the network closer to this group that does not usually have access to standard centres.


An important function of this type of resource is to motivate them to seek treatment and encourage an appropriate therapeutic bond that improves adherence and facilitates referral to second-level resources when deemed necessary.

The services and programs that are part of this level are as follows:

- Basic Social and Health Care Centre (night).
- Madroño Damage Reduction Mobile Unit.
- Isthmus Program of Intervention in substance abuse among the immigrant population.
- Community Mediation Program.

7.2.2. Second level. Outpatient Centres: Addiction Care Centres and Chartered Addiction Care Centres: ACCs and CACCs

The ACCs and CACCs are socio-health centres with a wide range of professionals from different disciplines (medicine, psychology, social work, occupational therapy and nursing, laboratory technicians, nurse's aids, administrative and service staff, etc.).



They form part of the network of the Madrid Salud's Addiction Institute (Madrid City Council). Its equipment and facilities provide personalized care for individuals and/or groups on an outpatient basis to people who exhibit risk or disorders related to the substance abuse or other addictions.

- The people in treatment act as the axis of the comprehensive intervention and they are the key centres of the network, coordinating the actions of the different services that intervene in the therapeutic process.
- They design and coordinate the individualized intervention plan with each patient, as described below.
- From these centres, patients are referred to third-level resources or arrangements when they need more specific care than can be provided at the ACCs and CACCs. These referrals can be temporary, just long enough for certain objectives to be achieved (e.g., a temporary referral to a Therapeutic Community or to a Hospital Detoxification Unit), or they can be partial referrals, during which work is carried out simultaneously from the ACC or CACC and from the third level arrangement (e.g., referral to a Work Guidance Service or to a therapeutic arrangement for getting along with others).
- At the same time, second-tier resources also maintain close coordination with first-tier resources in order to promote the objectives of standardisation and social integration. It is therefore necessary to maintain permanent and fluid coordination between levels.

7.2.3. Third level. Resources with a higher level of specificity

This level groups together resources with a greater degree of specificity, which are accessed on a referral basis from the ACC and CACC in order to achieve specific objectives in one or more of the areas of intervention with the people under treatment.

- They pay attention to specific areas, for a limited time, which cannot be offered from second level resources.
- They maintain permanent coordination with the Addiction Care Centres to facilitate the achievement of therapeutic objectives.
- Patients are referred back to the referral centres once their intervention is over.
- Services offered at this level include the following:
 - Hospital detoxification units (HDUs), dual disorder centre, therapeutic communities (TCs), living resources to support treatment or reintegration, Work Orientation Services, Workshops, SAJIAD, etc.

7.3. Characteristics of the Comprehensive Care Model in Addictions

7.3.1. Interdisciplinary and multidimensional approach

The multi-causal origin of addictions and the many different areas and personal facets that are usually affected by them make it necessary to approach the problem from an comprehensive and integrating perspective, which brings into play different professional disciplines so that the biological, psychological, social and occupational aspects of each patient can be contemplated.


Interdisciplinarity in addictions is considered as the basis of a process capable of linking the interventions of the different areas of knowledge in the achievement of common objectives, whether specific to the different disciplines or common to them all.

It is therefore a question of uniting the contributions of each professional, so that interventions are not considered compartmentalised but are articulated in a dynamic, flexible and personalised process capable of accommodating the needs of each person and situation at each moment of the process, by means of a system of continuous evaluation and bearing in mind that the improvement of each one of the affected areas will have a direct and immediate influence on the rest.

Interdisciplinary work has a number of advantages both for patients and professionals and can be summarised as follows:

- It makes it possible to view the problem in a less partial, more global way, which improves the understanding of the situation, facilitating an enriching exchange of experiences and generating synergies that result in greater efficiency in the lines of work.
- It allows the objectives of the intervention to be set in common, favouring their progressive adjustment, as well as the strategies to be used and the interventions in each one of the areas appropriate to the different moments of the process.
- Facilitates the provision of quality services as all actions are coordinated, the interventions being perceived as a "continuum" of treatment and not as isolated fields, with the consequent positive implications in improving the bonding and loyalty of each patient.
- In an interdisciplinary perspective, the knowledge and scientific advances produced in each discipline also enrich overall action strategies while potentiating and facilitating the achievement of objectives.

As defined in the Addiction Institute's Service Charter, the continuity of therapeutic programmes and comprehensive patient care will be guaranteed by endowing the Addiction Care Centres with a stable, interdisciplinary staff made up of



professionals from the medical, psychological, social and occupational healthcare areas so as to meet the patients' needs in the different areas affected by addictions.

7.3.2. Networking

The articulation of suitable responses to the complexity of the reality of addictions and the multiplicity of possible situations in the different areas of substance abuse (medical, psychological, social, relational, occupational, legal, etc.) makes it necessary to bring into play a multiplicity of services and resources that must be coordinated into a network if they are to be effective.

7.3.3. Individualisation

In sharp contrast to single models and rigidly standardised programs, the model advocated here conceives comprehensive care for the addicted person as an individualised process capable of being adapted to the special characteristics of the individual and his family.

7.3.4. Confidentiality

Confidentiality ensures that patient-provided information and data collected in the performance of any action will be safeguarded by the regulations in force on the protection of personal data and the codes of ethics of the various professions concerned.

7.3.5. Flexibility

Understood as the ability to continuously adapt to the needs and changes that occur in the rehabilitation process of patients or in their family, work or social environment. It involves, among other issues, the ability to continuously review both the planned objectives and the methodology and strategies of action or resources to be used with each patient.

7.3.6. Social integration as a process

The social integration of people with an addiction problem is considered a primary goal for the intervention process to achieve in order to ensure that the affected person progressively recovers a positive and active role in society using any and all resources that the community makes available, with criteria of equality and normalisation.

Although, theoretically, social and labour integration is usually considered as a very different stage or phase from the rest of the treatment, in practice the two processes are almost impossible to separate and can and often must be simultaneous or parallel. The achievement of objectives throughout the care process reinforces social integration and vice versa.

Therefore, in order to achieve the recovery and social integration of people affected by an addiction problem, action strategies must be developed that aim at strengthening the collaboration and involvement of other municipal areas as well as agencies or entities in the public administration or private sector business.

7.3.7. Adaptation to functional diversity

In order to ensure that people with functional diversity can access and undergo our treatments, it is the commitment of the Addiction Treatment Network to adapt centres, external resources and professional interventions to the different needs of these people.

For such adaptation to be done successfully, two-way training will be carried out with entities closely involved in the issue of functional diversity, as well as by consolidating the relationship with other resources specific to the sector.

At the end of the Plan's validity period we are expected to have a guidebook of contacts and collaboration with the resources most directly involved.

7.4. The Addiction Care Centres: Essential parts of the Intervention in Network.


As mentioned above, the Outpatient Addiction Care Centres (ACCs and CACCs) are the backbone of the comprehensive patient care process, as they are where the actions of the different services involved in the rehabilitation process are coordinated.

They are the centres in charge of receiving the requests made by people affected by an addiction problem or by their families, with the centres tutoring the intervention process at all times.

They have suitable facilities and multi-purpose spaces that facilitate the confidentiality of the intervention in all areas, the carrying out of group activities, the dispensation of methadone or other drugs, etc.

Because they are distributed throughout the municipal territory, their accessibility by the general public is thus ensured.

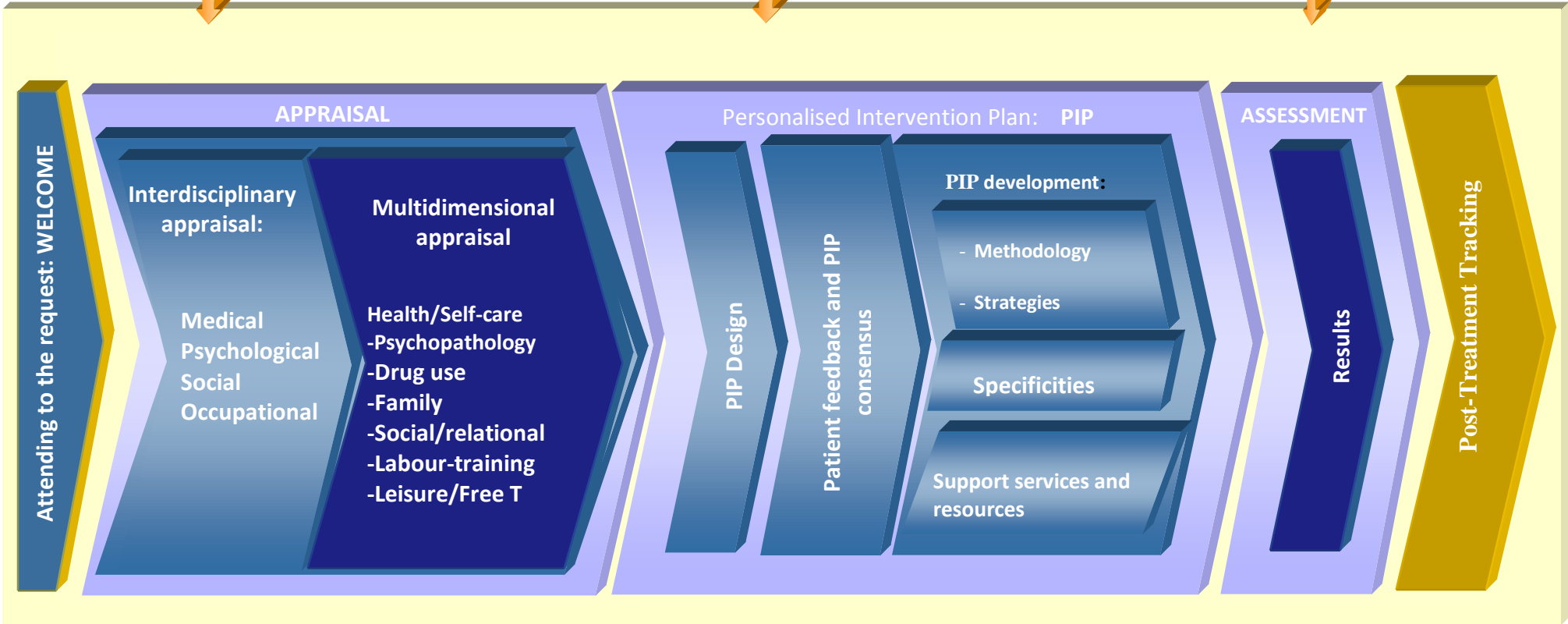
They design, monitor and assess the comprehensive treatment process described in the following section. This process combines purely therapeutic objectives with the objectives of normalisation and social integration as elements that



form part of an indissoluble whole that takes shape and consistency in its characteristic as an individualised and personalised process.

COMPREHENSIVE ADDICTION TREATMENT PROCESS

Addiction Care Centre (ACC/CACC)



7.5. Comprehensive Treatment Process

The different stages that are part of the comprehensive treatment process are described below, as shown in the following diagram:

7.5.1. Attending to the initial request

A request is understood as the request made by a person or a family in an Addiction Care Centre asking to be attended to in some of their needs (information, orientation, assessment, treatment, etc.). Once a request is received by the administrative staff, it is passed on to the technical staff, who listen to the request, establish a link, motivate to start the intervention, collect the essential information to make appointments with the rest of the team that will intervene.

In the Addiction Institute's Service Charter there is a commitment to carry out this first step in care in less than fifteen days after the person's request.

The brief motivational interview can be a very useful tool in these early phases of the intervention regardless of the substance or substances consumed since they are simple interventions that reinforce and support the patient's desire for change, helping him to get out of his initial ambivalence.

7.5.2. Interdisciplinary appraisal

The process of appraising the patient's bio-psycho-social aspects is fundamental as the first step in setting up a treatment plan or appropriate intervention strategies. In this initial appraisal process, the therapeutic team, which is made up of the various professional disciplines, collects essential information for assessing each patient.

Assessment begins at the first or first few individual and family interviews and continues as a dynamic process throughout the comprehensive treatment process, providing feedback to the technical team and the person in treatment, with useful information on the different areas affected by addiction (medical, psychological, social and occupational areas).

The information gathered in this appraisal and shared among the interdisciplinary team makes it possible to carry out a multidimensional assessment.

7.5.3 Multidimensional assessment

The people who access the network of Addiction Institute centres usually present an associated set of problems that affects different areas of their lives, both in the biological sphere and in the psycho-social aspects.

In addition to drug abuse, it is therefore necessary to evaluate each person's situation in these areas or dimensions in order to be able to make as complete a diagnosis of their situation as possible, and thus be able to offer a comprehensive intervention program that addresses the complexity of circumstances that may be present in each individual at any given time.

This multidimensional appraisal (along with the patient's own opinion and wishes) also helps formulate the objectives of the intervention in the different areas, that is, the design of a personalised intervention plan, thus giving the keys to guide subsequent interventions or changes in the initial program, depending on a process of continuous assessment by the team responsible for each case.

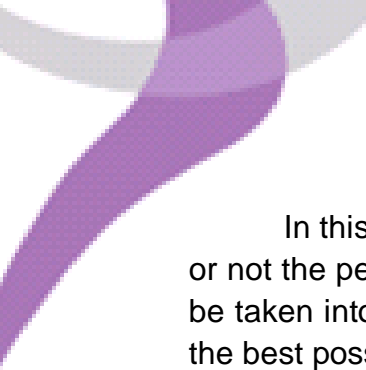
Moreover, this system allows us to follow up on each patient after release. This post-release follow-up informs us not only whether or not changes have occurred during the intervention process, but also whether these changes are lasting, if they continue after the intervention has ended.

In short, this assessment system facilitates the following processes:

- The initial appraisal.
- The design of a personalised intervention plan (of treatment and reinsertion as one continuous process).
- The monitoring of the evolution of each patient by the team in charge and the prioritisation of the intervention in certain areas.
- Evaluation of results (the evaluation of the situation upon exit).
- Post-release follow-up.

The areas or dimensions in which this assessment is carried out are:

1. Area of Health and Self-care.
2. Psychopathological Area.
3. Substance Abuse Area.
4. Family Area.
5. Socio-Relational Area.
6. Training-Labour Area.
7. Leisure and Free Time Area.



In this assessment by the technical team, it will also be taken into account whether or not the person belongs to one of the groups or populations with special needs that will be taken into account when planning the intervention as a way to address their needs in the best possible way.

7.5.4. Design of the personalised intervention plan

Within the framework of the comprehensive process of intervention with people with an addiction, an intervention plan is a way of organising a response aimed at reducing or minimising the specific problems presented by patients. This organised response or programme is designed with one or more objectives, is developed with a set of activities, and uses a set of resources.

Not only do multidimensional assessments help show each patient's situation in relation to each area or dimension, but also, they make it easier to design an individualised intervention plan with specific objectives to achieve.

The personalized intervention plan (PIP) is, therefore, the result of an interdisciplinary multidimensional assessment on one hand and consensus with the desire of each patient on the other. It is the instrument by virtue of which all the different therapeutic actions are organized with a view to a person's rehabilitation and social reintegration, starting from his or her current situation regarding the aforementioned areas.

PIP s are designed to do the following:

- To identify the objectives to be achieved in each of these dimensions or areas.
- To select the therapeutic strategies that are considered to be the most suitable for achieving them.
- To bring into play the methodology, strategies, resources and therapeutic tools of various kinds, available at the Addiction Care Centres or elsewhere, as necessary to support the treatment and reintegration process.

Moreover, the PIP is a first-rate tool to monitor and continuously assess patients, facilitating quick decision-making by the team responsible for each case and adapted to individual needs and the evolutionary moment in which they find themselves. The PIP is reviewed and updated periodically so that modifications can be made as needed, either in the choice of strategies or intervention methodology, or in the specificities, services or resources that are made available.

Some of the main aims in the PIP design are the acquisition of disease awareness and the maintenance of motivation throughout the process that promotes adherence to treatment. To this end, it is essential to adapt the intervention to suit each patient's needs

and characteristics. Furthermore, when designing the PIP, we can choose between two treatment types that, although they are not exclusive, will at least initially condition the objectives of working with each person. These two great modalities are:

Treatment aimed at harm reduction.

Harm reduction refers to policies, programmes and activities aimed at reducing the harms associated with the use of psychoactive drugs in people who are unable or unwilling to stop using. This type of programme focuses on preventing or minimising harm rather than preventing drug use itself and is aimed at those who maintain active substance use because they are unwilling or unable to stop using.

Harm reduction is a proven strategy promoted by the European Union. This is a public health strategy because it manages to improve not only the health of consumers, but also that of their families, their immediate environment and society in general and is based on a strong commitment to human rights. In addition, it is a line of action that is usually well accepted by patients who cannot or do not want to stop consuming, but who do want to improve different aspects of their health.

The aim will be to reduce the negative consequences of substance abuse both for the addict and for the rest of society. It is based on the premise that many of the harms related to drug abuse can be mitigated without eliminating consumption, and to this end it will be necessary to promote the competence and responsibility of substance abusers themselves in order to improve their quality of life.

The main objectives to work in this type of programme are:

- Elimination or reduction of injectable drug use and, if injectable drug use persists, reduction of risk behaviours related to injectable drug use.
- Reducing the risk of overdose or acquiring or transmitting diseases such as HIV, hepatitis B, hepatitis C, tuberculosis, STDs, and other infections.
- Decrease morbidity and mortality associated with consumption.
- Reduction of sexual risk behaviours.
- Reduction of criminal activities.
- Improve the family and social situation.
- Promote obtaining and keeping a job.

Abstinence is not rejected as a goal for the person who wants it, but it is not the goal to be achieved in the short term.

In order to support each patient in this process, the participation of the different professionals that make up the technical team is required, as well as the putting into play of different measures, strategies, activities and resources. All of this is based on individual needs and the continuous evaluation of the process.

Abstinence-oriented treatment.

This process begins with detoxification from the substance and continues with habit-breaking to consolidate and maintain the abstinence.

This type of treatment is meant to stop of the behaviour of seeking out and consuming substances, to reorganise the patient's activities to look for alternatives, to improve personal relationships and lifestyle and to prevent relapses.

The purpose of the detoxification process is to achieve abstinence in a controlled manner, avoiding (to the extent possible) withdrawal symptoms and while watching out for any serious organic complications.

Detoxification can be carried out on an outpatient basis, assessing beforehand whether the particular risk factors in relation to withdrawal syndrome allow it, following the health protocols and clinical guidelines established for it. When the level of risk makes it advisable, the suitability of doing the detoxification at a hospital on an inpatient basis is assessed, for which the hospital alcohol detoxification unit of the Addiction Institute or any other in the Madrid Community Network is used.

7.5.5. PIP feedback and consensus.

The initial design of the PIP cannot be considered closed until it is agreed with each patient. To this end, it is essential to get feedback on the results of the multidimensional assessment as a preliminary step to the definition and implementation of the intervention programme, thereby providing the person and his or her family with objective information. This helps to make them more aware of strengths and weaknesses, of the real scope of the problem and of the actions proposed in the PIP.

By agreeing with each patient on his or her PIP, we can adjust goals, achieve a high degree of involvement, and adjust initial expectations regarding treatment.

7.5.6. Development of the PIP (Personalised Intervention Plan).

Once the intervention plan has been defined for each patient, it is developed, which basically consists of putting into play the methodology, the strategies, the specific actions and the necessary resources, whether they are internal to the Addiction Care Centres themselves or external to them, combining the different interventions depending on the patient's needs and evolution.

Apart from each patient's individual differences and the pace of change, we can define some phases or sub-processes in the development of the personalized intervention plan.

7.5.6.1. Detoxification and/or stabilization.

People who request care for a drug addiction problem are often "polyconsumers". That is to say, they present a more or less abusive consumption, with greater or lesser degree of dependence, of more than one substance.

The person asks for help to stop using one or more substances that he or she abuses or depends on, generally those that create greater problems or are less socially accepted. Whether used with one or several substances of abuse, detoxification is a process that is made available in its different modalities and for all possible substances of abuse.

Through this process, delimited in time, the drug addicted person transitions from the situation of abuse of one or more substances to the situation of abstaining from them. A number of different types of measures (pharmacological, psychological, etc.) are put into play during the course of the event to handle the clinical manifestations are produced when the substance or substances that have generated the dependency are no longer consumed.

In short, it is a matter of attenuating and/or eliminating the symptoms and signs of the withdrawal syndrome, which will depend on the substance or substances consumed, dose and frequency of consumption, route of administration, physical and psychological characteristics of the subject and associated pathologies, both organic and mental. It will therefore be necessary to adapt the process to the situation of each person and to use the appropriate pharmacological or other tools, as well as the necessary resources, whether in the form of outpatient detoxification or in the form of hospital admission or in a therapeutic community.


The detoxification process is also an opportunity to motivate and involve each patient in his or her treatment and to improve his or her overall health.

7.5.6.2. Detoxification, rehabilitation and social integration.

Habit-breaking is a phase subsequent to detoxification and involves patients acquiring the right psychological capabilities to enable them to break off the established relationship of dependence on drugs and gradual recover life habits they had had before addiction, or to recover of personal spaces that had been invaded by drug-taking behaviours.

New therapeutic strategies are implemented throughout this process, whether medical, psychological, occupational, social, education and re-education of habits, etc., which are aimed at helping them to overcome fears and tensions, to acquire personal skills of various kinds that make them more resistant and less vulnerable to the risks of consumption, to recover constructive social and family relationships, to acquire and enjoy a healthy and enriching leisure time and seek out new values and lifestyles that facilitate the assumption of the challenge of living without depending on a substance.

Rehabilitation refers to the process of recovering functionalities in the different areas of a person's life, areas that, as explained above, are usually affected to a greater or lesser extent by a substance abuse problem.



Both processes run in parallel, form part of the same individual reality and constitute the ultimate end of a comprehensive intervention in addictions. In this way, the objectives set out in the personalised intervention plan in each area or dimension described above in which something has gone out of kilter constitute the objectives of the individualised process of rehabilitation and social integration.

Patients in this process are supported by different professionals who make up the technical team responsible for them, as well as by a number of different measures, strategies, activities and resources. All of this is based on individual needs and the continuous evaluation of the process.

Health education is fundamental to social recovery and normalisation of the lifestyle of the person with addiction problems, given that healthy habits and self-care can minimise the long-term damage produced by addiction. This intervention is based on increasing motivation for one's own health, improving self-care habits and guidelines, and acquiring and maintaining healthy practices and avoiding risky ones. The health education programme promotes the need to turn to standardised health care resources with which continuous coordination must be established, distributing efforts and putting the emphasis on the most chronic patients.

Likewise, proper use of leisure time is evidenced as a normalising and facilitating instrument of personal stabilisation and social integration through the design of strategies and activities aimed at developing personal, social and cultural skills for leisure. Priority will be given to interventions aimed at promoting participatory activities in normalised environments in the community environment closest to and far from the usual consumer environment so as to halt the process of deterioration in their interpersonal skills and relationships, as this deterioration in many cases leads to a progressive social isolation of those affected.

To that end, knowledge will be provided on the use of the means and resources available nearby (e.g., sports centres, cultural spaces, etc.), encouraging the city of Madrid to be seen as open and healthy so as to encourage active participation in the cultural and social life of the city.

A priority objective of this phase is to favour the social and labour integration of the population served. Consequently, various support resources are available in the area of training, work and employment, such as the Social and Labour Orientation Service (LOS) and the job training and employment workshops adapted to the increasingly diversified populations that require a differentiated approach.

7.5.7. Evaluation of results

The Personalised Intervention Plan is also a tool that facilitates evaluating the changes that occur in the patient during the intervention process. These changes will become visible in each of the axes and in comparison with the proposed objectives.

The information obtained through this continuous evaluation process, the periodicity of which will be decided by the therapeutic team responsible for each case, will help guide the work to be carried out. Furthermore, when the patient is released from treatment, it will show the quality and magnitude of the changes produced in comparison with the patient's situation at the time of the first evaluation and with the objectives initially set in each dimension of the interventions, that is to say, it allows us to carry out an evaluation of the results.

A number of objective criteria have been established with the professionals to determine when treatment has been completed in regard to the results from this evaluation by dimension. The same criteria are applied across all the resources of the municipal network on addictions.

7.5.8. Post-treatment follow-up

The evaluation of results mentioned in the previous section is the starting point for follow-up after a person has completed his or her treatment. A post-treatment follow-up may be necessary once the intervention is over, either at the patient's own request or at the recommendation of the therapeutic team, after having achieved the planned changes in the different areas of intervention.

Post-treatment follow-up allows us to find out the patient's achievements and difficulties when they leave the network with respect to several variables, as well as the goals achieved and obstacles encountered with respect to employment, substance abuse, household and family relations, social network and leisure activities.

This monitoring provides relevant knowledge on the reincorporation into society of people who have completed their therapeutic process. In addition, it contributes to achieving the best possible adaptation of the actions in the Addiction Institute's intervention programmes.

7.6. Methodology and Intervention Strategies

7.6.1. Individual intervention.

The intervention carried out with patients in the CAD and CCAD basically consists of the implementation of a series of action strategies aimed at achieving the objectives previously set out in the PIP.

To this end, the members of the interdisciplinary team conduct individual work sessions aimed at this end, using the methodology and tools specific to each professional discipline. Individual intervention with patients covers the following areas:

- Medical.
- Sickbay.

- Psychological.
- Social
- Occupational.

The duration and frequency of the individual sessions with each patient will depend on the objectives to be achieved and the moment of the process in which the patient is, and can always be reviewed according to the evolution. In recent years, protocols and intervention guidelines have been developed by working groups in the different areas involved in the process, as well as in relation to some of the most relevant substances.

7.6.2. Group intervention with patients

The group is an important therapeutic tool that makes work profitable from different areas, not only as a way of better managing the time available to professionals, but also as a way of facilitating positive synergies and the advantages that the group provides to facilitate the process of change.

There are many types of groups for working with drug addicts. In the case of CAD and CCAD, the groups are classified according to the following criteria:

- Target group (e.g., relapse prevention group, health education group, leisure group).
- Target group (e.g. homeless group).
- Primary substance of abuse (e.g., alcohol group).

These criteria are not mutually exclusive, so that they allow us to classify according to them, the type of groups that at a given time may be offered to patients from the Addiction Care Centres.

The duration of the group activity, as well as the frequency and duration of the sessions, the condition of open or closed group, etc., will be determined by the type of group and its objectives.

7.6.3. Pharmacological treatment of opidependence.

Unlike other substances, we have specific pharmacological treatment for opiate dependence. There are two types of drugs available for this group of patients: Methadone and Buprenorphine-naloxone.

These drugs, by having an activity in the brain similar to abused opioids, relieve withdrawal symptoms and decrease or may even block the desire to use illegal opioids. When used at stable and appropriate doses, they allow the normalization of many functions, not only physical but also psychological, which are significantly disturbed by short-acting opioids such as heroin.—This gives the addicted person the opportunity to reduce their exposure to risky behaviours and to improve social and health aspects.

Scientific evidence highlights their effectiveness in the treatment of opiate dependence, especially if supplemented with psychosocial support. Its effectiveness takes the form of increased adherence and retention in treatment, reduced use of illegal drugs and associated risk practices, reduced comorbidity (HIV, viral hepatitis) and mortality, reduced criminality and, all of this, results in an increase in the quality of life of the people who carry out these programmes.

Methadone drug treatment is used in two types of programmes with different objectives:


- Abstinence-oriented programmes: in this case the aim is to delay the onset of withdrawal symptoms and thus reduce the frequency of heroin administration until abstinence is achieved. The doses used throughout the process must be evaluated by medical personnel individually for each patient.
- Programmes aimed at reducing the harm and risks associated with consumption: the aim is to reduce the use of heroin and other drugs and improve living conditions. The doses used throughout the process must be evaluated by medical personnel individually for each patient.

Depending on the patient profile and program, there are different methadone dispensing options: Mobile Harm Reduction Unit (patients who are excluded or who do not have access to other centres in the network), in the CAD (both for patients undergoing treatment aimed at harm reduction and abstinence), in the Pharmacy Unit (stabilised patients, as it provides longer hours that allow greater social and labour integration) and in Pharmacy Offices (very stabilised patients, with very prolonged abstinence from heroin and other drugs and with a normalised lifestyle).

The pharmacological treatment with buprenorphine-naloxone, used in network centres since its approval in Spain, is designed to provide the same efficacy and safety as buprenorphine, but with less potential for misuse. It is very useful in a group of patients, within the framework of a medical, social and psychological treatment. Its use is included in the current clinical guidelines. Its prescription is regulated by resolution 539/2016 of the Directorate General for Coordination of Healthcare of the Community of Madrid.

Recently there has been an increase in cases of abuse or dependence on pharmacological opioids (fentanyl, tramadol, codeine, morphine, oxycodone, pentazocine, pethidine, etc.), especially in the United States. Frequently, patients who abuse or depend on this type of substance have begun to use it by prescription since it is indicated for the treatment of different pathologies, mainly as analgesics, but subsequently have presented an abusive consumption of the same, increasing the prescribed dose or maintaining its use beyond the resolution of the pathology that generated its indication.

Another group of people who use this type of opioid are people who have previously been treated for abuse or dependence on illegal opioids such as heroin.



Although we must remain alert if there is an expansion of this phenomenon throughout the period of validity of this Plan, in our municipality, the presence of this type of consumption is not significant and is already receiving response in the different treatment centers.

7.6.7. Intervention against pathologies associated with consumption.

The Instituto de Adicciones de Madrid Salud is committed to prevention, early detection and intervention against the different pathologies associated with consumption, including HIV infection, hepatitis C, hepatitis B and tuberculosis.

The people attended by the Addiction Institute have always been considered a population at risk of these communicable diseases due to the risk practices associated with the consumption of drugs by parenteral route, the transmission by sexual route facilitated by the loss of control, disinhibition and lack of perception of risk caused by the use of certain substances and by the possible vertical mother-child transmission.

For this reason, since the beginning of our activity, we have developed actions aimed at reducing transmission, improving diagnosis and promoting adherence to treatments among the population we serve. Over the years, new initiatives have been added aimed at minimising risks, incorporating new resources and keeping us alert to the new needs detected in the ever-changing reality of substance consumption, which has allowed us to adapt our actions to these situations.

In 2014, the United Nations Programme on HIV (UN AIDS) set targets of 90-90-90 by 2020 (90% of people living with HIV infection know their status, 90% of people living with HIV receive treatment and 90% of people on treatment have undetectable viral load). These targets would reduce new HIV infections and AIDS-related deaths (including those from tuberculosis) and put us on track to end the disease by 2030. On World AIDS Day that year, mayors from around the world signed the so-called Paris Declaration in which they pledged to adopt a series of responses in order to achieve these goals in their cities. The Madrid City Council, through its plenary session, expressed its willingness to adhere to this initiative.

In addition, a European Plan for the elimination of hepatitis C in Europe has been approved for discussion in the European Union. The Platform for People Affected by Hepatitis C has actively participated in this draft, which has received the European Citizen's Award for 2017 granted by the European Parliament. Madrid Salud and the Addiction Institute maintain close contact with this platform and have programmed various joint actions regarding the training of professionals, affected and affected people and their families, which are currently being developed and with which actions will continue to be carried out in the future.

In addition, the Addiction Institute has developed similar initiatives with the Tuberculosis and Solidarity Network (Red TBS), composed of public and private entities

concerned about the problem of tuberculosis in our country and whose purpose is to achieve greater awareness to prevent and control the disease.

In this sense, the Addiction Institute commits itself in this new Plan 2017-2021 to continue carrying out all the actions that it has been maintaining up to now and those that may arise throughout the validity of the same and whose purpose is to tackle these pathologies whose prevalence among the population we serve is very high.

The actions of the Addiction Institute in this theme are grouped into three lines:

1. Preventive actions and early detection:

Diagnostic tests are carried out on all persons seeking treatment at the Addiction Care Centres, both own and subsidised, including HIV screening tests and diagnostic tests for hepatitis B, hepatitis C and tuberculosis.

The centres also carry out an important task of raising awareness of these pathologies, both individually in appointments with health professionals and in groups through health workshops. The latter include monographic sessions on these pathologies, sessions that focus on the risks of consumption and practices to reduce them, and sessions aimed at reducing the risks of sexual transmission. Of course, the importance of adherence to treatments and the continuity of medical follow-up is stressed in order to improve the quality of life of people affected by these infections.

Sterile injection equipment is distributed in all the centres of the Addiction Institute network to those who maintain parenteral consumption and condoms are given to users and users who request them.

These issues are also addressed within family groups, in order to inform and disseminate the knowledge needed to reduce the transmission of these diseases and avoid the social stigmatization of those infected.

For years now, one of the main lines of action of the Addiction Institute has been aimed at harm reduction, backed by European documents such as the "European Report on Drugs 2015" and the "EU Strategy on the Fight against Drugs (2013-2020)" which endorse and ratify that these programmes reduce the risk of mortality for consumers of different substances as well as the transmission of infections such as HIV, hepatitis C, hepatitis B and tuberculosis associated with risky practices during consumption.

To this end, in addition to the actions developed in the CAD and CCAD, we have specific harm reduction services such as the Basic Social and Health Care Centre and the Mobile Harm Reduction Unit, which intervene with socially excluded populations, paying special attention to preventing the spread of these infections and their early detection.

2. Actions with infected people:

In all centers a basic pillar of intervention, especially from the health area, with people affected by these infections is that they become aware of the importance of

conducting clinical follow-up in Hospital Units as well as adherence and compliance with treatments in order to achieve undetectable viral loads and maintain a good quality of life.

On the other hand, among those infected persons who maintain substance consumption, the importance of using lower-risk consumption routes, the use of sterile injection equipment and the use of condoms in sexual relations in order to avoid re-infection is stressed.

In addition, there is close coordination between CAD and hospitals in Madrid to improve the monitoring and treatment of these diseases.

3. Other actions and new lines of action:

Both in people affected by these infections and among seronegative people, pharmacological treatment with methadone is dispensed, a tool that has demonstrated its efficacy both in the treatment of opiate dependence and in the control of the transmission of infections associated with consumption, especially HIV and viral hepatitis, and in the improvement of follow-up and commitment to the treatment of these pathologies. The daily intake of methadone also allows us to carry out supervised or directly observed treatments for tuberculosis and other pathologies.

Periodic training of the professionals of the centers in order to maintain constant updating in this matter.

Among the new actions and given the proliferation of the chemsex phenomenon among men who have sex with men, a collaboration project will be developed between the Addiction Institute and the entities involved, to intervene with this population, one of the main objectives being to prevent the transmission of HIV infection in this group.

Another project that will be implemented is the training of health agents among the people who come to the treatment centres who will receive specific training on health and the risks associated with consumption in order to disseminate it, subsequently, among their peer group. This will enable us to reach those consumer populations that do not usually have access to treatment centres and are therefore those who are most vulnerable and at risk of HIV, hepatitis B and hepatitis C infection.

7.6.8. Intervention with families.

Intervention with relatives of drug addicts is one of the priorities of the Addiction Institute. Although it is not possible to approach this line of work in all cases, whether due to the express desire of each patient or due to difficulties or lack of motivation on the part of the family, it is considered important to carry out, whenever possible, an intervention with the families in parallel with the intervention with each patient, given the positive influence that this has on the evolution of the same.

This positive influence also occurs when it is the person who does not feel motivated to start treatment and the family goes "alone" to the centre. This modality of working with "single families" facilitates the positive change in the family unit and in the addicted person, achieving in many cases, that this person finally decides to initiate treatment.

The intervention with families, offered from the Addiction Care Centres, is carried out in individual and group modalities, depending on the specific needs detected in each family unit and the objectives to be worked on, differentiating between that which is aimed at "single relatives" and that which is aimed at "relatives of patients".

Family care groups are subsequently classified according to the objectives to be achieved in the different phases of the intervention process.

The objectives of working with families, whether in their individual or group modality, go beyond the benefit that they undoubtedly bring to each patient, also constituting an important support for them, in order to modify dysfunctional or conflictive aspects and facilitating a process of change aimed at re-establishing the balance and health of the family unit.

When the family is able to make positive changes in its internal dynamics, in the definition of its roles, in its communication systems, etc., it is in better conditions, not only to help more effectively its relative affected by a drug dependency problem, but also to face any other problem of any of its members or to confront in a positive way a critical situation of another nature.

7.6.6. Reference professional.


The figure of the reference professional is a strategy that facilitates the integration of the different actions in which each patient participates in his or her rehabilitation process.

Its function is to guide and tutor the intervention process with the addicted person and/or his/her family, being the "team spokesperson" who is responsible for framing the moment and the proposed actions, and for following the evolution in all areas.

For each patient, the reference professional is the figure to whom you can turn for requests for reports, requests for changes, etc. The existence of this figure allows the patient to perceive the comprehensive intervention process as a whole that pursues common objectives, thus facilitating the patient's adherence to the treatment and commitment to their rehabilitation process.

7.7. Specific Therapeutic Itineraries.

Among the people with drug addiction problems, susceptible of being attended in the network of the Addiction Institute, there are groups or subgroups of population that pose special characteristics and needs. Although the process of care already



contemplated in itself, as one of its main signs of identity, the need to always carry out, at all stages of the process, an individualized treatment (Personalized Intervention Plan), traditionally this care had been provided through resources that did not differentiate these specificities by classifying the patient according to the stage of the process in which they were in or by the substance consumed.

Starting with the 2011-2016 Plan and with the aim of achieving greater efficiency and effectiveness, the Addiction Institute considered it a priority to dedicate a special effort to adapting and allocating resources to those groups or social groups that posed special difficulties or needs, whether in access to network resources, in the maintenance and use of the therapeutic programme or in the always complex process of social integration.

The network was adapted by implementing a more flexible approach to addictions adapted to the different profiles. The intervention therefore focuses more on people's characteristics and less on the type of drug used, adapting resources to them rather than the other way around. We also place emphasis on the most vulnerable groups, with greater difficulty of change or with more difficulties of access to the network.

After studying the characteristics of each group of people and their specific needs in relation to their addiction problem, procedures are developed, services are generated, and coordination is consolidated to adapt and diversify the healthcare offer, introducing the necessary specificities in such a way as to provide a response, adapting and facilitating the comprehensive intervention process from the perspective of the Personalized Intervention Plan (PIP).

This Plan proposes to reinforce and strengthen the interventions aimed at:

- Women.
- Adolescents and young people
- Homeless people and other groups at risk of social exclusion.
- Chronic and/or cognitively impaired patients
- Patients with dual pathology.

In addition, in the line of innovation and adaptability that characterizes the Addiction Institute, new challenges are posed in relation to two increasingly consolidated phenomena in the City of Madrid: behavioural addictions and emerging drugs.

7.7.1. Women.

In 2005, a study was carried out at the Addiction Institute which led to the publication "Woman and Addiction". Differential aspects and approach to an intervention model, which includes the importance of carrying out programmes aimed at women affected by the problem of addictions.

This study describes the characteristics and differential dynamics of drug-dependent women and makes an approximation to an intervention model that contemplates these differences in order for the treatment to reach maximum efficacy.

The most relevant differential characteristics observed were that women encounter greater difficulties in access, treatment and social integration, that have greater delays in demanding treatment, tend to suffer family burdens and are more likely to suffer gender-based violence. It was also observed that they present addictions with different patterns and substances to the males.

The progressive implementation, in the Addiction Care Centres, of actions aimed at the specificity of treatment for women has allowed a greater and better "visibility" of their problems, among which the frequency with which they suffer or have suffered situations of gender violence, sometimes silenced in a mostly male therapeutic environment, stands out.

In 2008 and 2009, two studies were conducted on the prevalence of partner violence among addicted women in the Villaverde and Latina DAC, respectively. In the one carried out in 2008 in the CAD of Villaverde it is shown that the percentage of existing violence was between 2,98 and 5,27 higher than in other studied populations. And in the 2009 DAC survey of Latina, the prevalence of gender-based violence was 69% of the sample studied.

Given the evidence of this described reality, it is proposed to develop a protocol for prevention, evaluation and detection of violence in addiction treatment programs aimed at women, and training courses are conducted for network professionals on the approach to gender violence in the drug-dependent population.

The progressive awareness of the Addiction Institute regarding the specific problem of addicted women is embodied in the "Addictions Plan of the City of Madrid 2011-2016" which defines, among its strategic lines, the intervention from a gender perspective in the various fields of action to ensure the adequacy of programs and services to the differential characteristics of women and men.

During this period, a series of good practices have been carried out in gender interventions in addiction care centres (conferences, workshops, training, groups, etc.) with the aim of incorporating the gender perspective transversally into the therapeutic environment of patients.

In 2016, the "*Protocol for Intervention against Gender Violence in the DACs*" was drawn up, the objective of which is to be a useful tool for professionals by providing concrete, consensual and homogeneous guidelines for intervention with addicted women who are victims of gender violence and to promote knowledge, coordination and networking with the different services, institutions and social organizations involved in caring for women who are victims of ill-treatment, promoting the articulation of responses tailored to the complex and multifactorial nature of both addictions and gender-based violence.

As for the differences in consumption between men and women, the greatest difference is found in psychopharmaceuticals, specifically in hypnotosedants. It is the only drug whose consumption is greater in women than in men, almost 1 in 4 has taken substances of this type at some time in his life (23.9%).

The prevalence of the use of this type of substance is increasing among the 35-64 age group, so that 22.8 per cent of persons of that age have taken hypnotosedants at least once (30 per cent among women). In addition, 1 in 10 women aged 35-64 consumes hypnotosedants daily, a proportion that is also double that of the male group. Over-the-counter hypnotosedants are also more prevalent in women.

Actions to be implemented or reinforced:

- Incorporation of the gender perspective in prevention, treatment and reintegration programmes.
- Training and gender awareness for professional teams.
- Elaboration of programmes, projects and services with a gender perspective.
- Implementation of the "*Protocol for Intervention against Gender Violence in the DAC*".
- Coordination with municipal resources and other organizations with specific programs aimed at women.
- Design of resources and therapeutic spaces that facilitate access and adherence to treatment in women.
- Implementation of a specific program aimed at the care of women with abuse or dependence on psychoactive drugs (hypnotosedants).

7.7.2. Adolescents and young people.

In the case of adolescents and young people under 24 years of age who present abuse or dependence on alcohol and/or other drugs and who are characterized by low awareness of the problem, consumption incorporated into normal habits of leisure and entertainment, little or no motivation to initiate treatment, families unaware of the problem and/or with little capacity to handle the situation, the Addiction Institute has prioritized its attention, as described in chapter 6, developing a Transversal Program of Comprehensive Care for this population.

Both the actions and the specific services that are implemented or reinforced are described in Chapter 5.

7.7.3. Homeless persons and other groups at risk of social exclusion.

Homeless people are those who cannot access or maintain adequate accommodation, adapted to their personal situation, permanent and providing a stable

framework for coexistence, either for economic reasons or other social barriers, or because they have personal difficulties in leading an autonomous life. This 1995 FEANTSA definition encompasses a wide variety of situations, from people living on the street to those living in inadequate housing. This situation is caused by the interaction of socio-economic factors and personal vulnerability, often including addictions.

For this reason, the Madrid Health Addiction Institute was a pioneer in intervention with homeless drug addicts and, from 1995 to the present day, has been developing a specific programme in coordination with the municipal homeless care network, which addresses not only addiction but also the complex multi-causality of this phenomenon. This procedure has been modified at different times in order to adapt the assistance response to the changing situation of the group.

Within the framework of the Technical Forum on Addictions, in 2015 a new procedure was drawn up for the care of homeless people with addiction problems, which includes not only the municipal networks that serve this population but also the third sector entities involved in their care, which is a novel and important step towards improving the quality of care for people in situations of greater vulnerability. This procedure is complemented by the "*Protocol on care for homeless drug addicts*" which homogenizes and optimizes the care provided from the centers that make up the network of the Addiction Institute.

In addition, during the period of validity of the previous Addictions Plan, support and advice has been provided in the implementation of alcohol harm reduction rooms in two shelters of the municipal network of care for homeless people that represent an innovation at national and European level.

Actions to be implemented or reinforced:

- Continuous training of CAD and CCAD professionals in the care of this population.
- Basic socio-health care of proximity.
- Accompaniment, by entities and volunteers, for the processing of documentation and health appointments.
- Individual and group interventions adapted to the characteristics of this group.
- Implementation of specific actions for the prevention of social exclusion in drug addicts.
- Review and monitoring of the procedure for joint action with the homeless care network.
- Coordination with the Homeless Care network, with the General Social Services network and with the health network.
- Reinforcement of measures to facilitate adherence to treatment of addiction and other associated pathologies, through the subsidy of pharmacological treatments and other benefits.

- Reinforcement of actions to improve their labour and social integration
- Reinforcement of community mediation actions.

Specific services:

- Mobile harm reduction unit "Madroño".
- Basic social and health care center and programs of attention in proximity.
- Day centres.
- Treatment support floor for the homeless.
- Harm reduction rooms in alcohol, located in shelters of the municipal network of care for the homeless population.
- Community Mediation Program.

7.7.4. Chronic and/or cognitively impaired patients.

By chronic patients we mean those people with abuse or dependence on alcohol and/or other drugs with a long history of consumption, multiple relapses and prolonged treatments, which, although they manage to reach a situation of stability, have achieved few significant changes in their process of normalization and social integration. The main drug of abuse is usually alcohol and opiates and the time spent in treatment is prolonged for many years, especially in patients in maintenance programs with opiate substitutes.

Their treatments are usually conditioned by the presence of chronic physical and mental illnesses and by a low level of compliance with medical prescriptions. Cognitive impairment, deficit of self-care habits and a lifestyle closely related to consumption are also characteristics of this group of patients. With regard to social integration, there are difficulties due to shortcomings in their education and professional training, as well as in the use of their leisure time.

Actions to be implemented or reinforced:

- Individual and group interventions adapted to the needs of this group for the recovery and maintenance of healthy lifestyles and necessary care.
- Design, implementation and monitoring of the training programme for health mediators and other actions aimed at reducing the risks and damage associated with consumption.
- Coordination procedure with specialized care to improve access to treatment for users with addictions affected by Hepatitis C who are more vulnerable.

- Coordination with the Social Services network, Primary Health Care and Mental Health network. Design and implementation of coordination procedures with other municipal areas and other administrations such as. Government Area of Equity, Social Rights and Employment; Environment and Mobility; Culture and Sports.
- Workshops adapted to your needs. Cognitive rehabilitation.
- Maintain and strengthen labour insertion programmes with the Agency for Protected Employment and Employment (Employment Guidance Service aimed at protected employment).

Specific services:

- Therapeutic Community for chronic and/or cognitively impaired patients
- Day centres.
- Social integration through leisure programme.
- Mobile harm reduction unit "Madroño".

7.7.5. Patients with dual pathology.

People with a substance use disorder or other addiction, who also have another concomitant mental disorder, have a number of difficulties that affect treatment. The prospective epidemiological study on the prevalence of Dual Pathology carried out in the Community of Madrid (Madrid Study in which the Mental Health Network and the two Addiction Networks of the Community of Madrid and the City Council participated) on a sample of 837 patients, highlighted that 61.8% of the patients presented dual pathology (36.1% in the Mental Health Network and 70.3% in the Drug Network). These patients have a worse prognosis and should be treated with adequate healthcare resources. In order to address this pathology, the Addiction Institute has been incorporating specific interventions and resources for the care of this population.

Specialised resources have been added to the care network, so that it now has a hospital centre, a pioneer at the time of the inauguration, which has been of significant benefit to patients treated in the municipal network and in the network of the Community of Madrid, and also has residential devices to support specialised treatment and reinsertion, with the aim of facilitating unhabituation and reinsertion.

The recognition of dual pathology in recent years has generated a debate on: proper diagnosis, the effectiveness of interventions and health care planning. In order to deal effectively with the treatment of dual pathology, it is necessary for there to be adequate coordination with the Mental Health Network of the Community of Madrid and for the people diagnosed with this pathology to be attended to by the different instances of the system in a coordinated manner, until a diagnosis, treatment and follow-up adapted to their needs and circumstances are obtained. This is essential when there is a

high level of complexity or severe mental disorder (TMG) and an addictive disorder that is difficult to manage clinically.

The evolution of patients with dual pathology tends to worsen their social integration, to aggravate their maladaptive behaviours and relatively often leads to legal problems, psychiatric hospitalisation and social exclusion, with a high risk of staying on the streets. They often lack social support networks, live in stressful circumstances and have a polyconsumption pattern. For this reason, there is also a psychiatric care programme aimed at patients with dual pathology who are on the street through the "Madroño" mobile harm reduction unit.

In order for this patient profile to have opportunities to carry out its treatment and favour its social and labour integration, the Addiction Institute has progressively adapted its resources. The ultimate goal of the treatment process is to achieve the best possible outcomes in relation to integration and reintegration. The achievements obtained in the area of employment and training and work that have been obtained in the last year are very positive so we must continue working in this line due to the presence of increasingly diversified and more serious populations that require a differentiated approach.

Actions to be implemented or reinforced:

- Treatment guidelines adapted to the characteristics of this group to ensure diagnosis, effectiveness of interventions and therapeutic adherence.
- Design and implementation of protocols or coordination procedures with the Mental Health network of the Community of Madrid with the aim of generating teams, made up of specialists from both networks trained in dual pathology, who jointly design the objectives and interventions to be followed within a coordinated parallel treatment model that includes the development of a Comprehensive Treatment Plan (ITP), clinical sessions and case reviews.
- Carrying out continuous training activities for professionals from the Addiction Institute in the field of Mental Health (clinical sessions and rotations of professionals).
- Carrying out specific information or dissemination actions aimed at patients with Dual Diagnosis and their families.
- Coordination and contact with associations and entities related to this problem.

Specific services:

- Dual Pathology Hospital Unit.
- Dual Pathology Day Hospital.
- Low threshold psychiatric care service in the mobile harm reduction unit

- Therapeutic Community for patients with Dual Diagnosis.
- Residential resources to support the reinsertion specialized in patients with dual pathology.

7.7.6. New needs arising from emerging drug use.

The concept of emerging drugs refers both to newly synthesised substances and to novelty in contexts of use, forms of consumption and routes of distribution, where the Internet plays an important role. A wide variety of these substances belonging to different pharmacological groups, in general, are more likely to produce unwanted, unknown and potentially dangerous effects in people who consume them.

One of the affected groups are people who have drug abuse or dependence (mephedrone, tub and GHB) in the context of chemsex, use of psychoactive drugs to have sex, usually between men who have sex with men (MSM), in sessions of several hours or days with multiple partners. The combination of several drugs per session is the norm and this means greater likelihood of poisonings with serious side effects. This phenomenon supposes that the prevention of infectious-contagious diseases must be taken into account, but also to observe the consequences that it may be causing in the psychological and social health of these people.

Actions to be implemented or reinforced:

- Updating of knowledge, continuous training and intervention strategies in the face of new needs that may be generated by emerging drugs.
- Implementation of a coordination procedure with entities and areas involved for specific intervention of emerging drug addictions and chemsex users.

7.7.7. New needs derived from behavioural addictions.

Behavioural addictions, also called non-substance addictions, are those in which the person loses control over a certain behaviour and have as a characteristic, like substance addictions, serious interference in different areas of the person's life.

The DSM-5 Diagnostic and Statistical Manual of Mental Disorders includes a new category called Non-Substance-Related Disorders, which designates so-called behavioural addictions. Within it, it is included as the only pathology approved to pathological gambling or ludopathy, previously considered a disorder of impulse control and not an addiction. However, there are other behavioural addictions that have not been included as addiction to new technologies.

The people who present these addictions present compulsive behaviours that entail a decrease of their capacity to control the impulses that lead them to repeat this behaviour, in spite of the negative consequences that are appearing in different spheres

of their life as a consequence of the same one, in a similar way to what happens in the addictions with substance.

On the other hand, it is important to take into account, it is frequent the coexistence of substance addictions and behavioural addictions, for example, comorbidity between alcohol consumption and pathological gambling.

The approach to behavioural addictions requires treatment with a multidisciplinary team that allows working the different areas affected by the presence of this pathology, with a very similar approach to the rest of addictions.

For addictions to new technologies, especially in adolescents and young people, the main strategy is the acquisition of an adaptive pattern of use of them from the field of prevention. In the case of having already developed a dependence on new technologies and when there is a diagnosis of pathological gambling, the application of individual and group biopsychosocial interventions in the field of comprehensive treatment is the most appropriate strategy.

It is therefore essential to provide an institutional response to this problem through actions and resources that are close to the population and adjusted to their needs and rights, in order to promote the development of individual and community protection factors, with emphasis on the most vulnerable populations: young people and adolescents, people undergoing treatment for other addictions, etc.

Actions to be implemented or reinforced:

- Carrying out continuous training actions on behavioural addiction care for IA technical staff.
- Implementation of a programme aimed at adolescents and young people with problems of inappropriate use of new information and communication technologies (TICOS).
- Implementation of a specific intervention programme for behavioural addictions in adults.

7.8. Treatment and Reinsertion Support Services and Resources.

In order to adequately develop the Personalized Intervention Plan (PIP), the Addiction Institute has a series of services and resources to support treatment and reintegration that complement the work carried out from the CAD and CCAD.

Access to third-level resources is always through referral from outpatient centres, with the aim of achieving certain objectives in the various areas of care, although in some cases the actions to be carried out in some of these services are initiated in the Addiction Care Centres themselves and are continued and supplemented in these support resources. Most of these are external resources at the outpatient level.

Annex 3 of this document describes the services and resources that currently form part of the network of Comprehensive Care for Addictions in the City of Madrid and

whose common objective is to support at different times of the process of recruitment, care and social integration of people in treatment, as on other occasions, the boundaries between different levels must be interpreted with flexibility.



8

QUALITY ASSURANCE

8.1. Introduction.

The City of Madrid's Addiction Plan, in order to guarantee the quality and permanent improvement of the services provided to citizens, will be based on the pillars of coordination, ongoing training, research, consideration of the criteria and needs detected, patient safety, improved communication and evaluation.

8.2. Coordination and alliances.

The logic of action in Public Administrations is based more on the capacity to work in interdependence than on the capacity to compete. Exceptions are administrative actions that can be carried out with full independence from other services or other administrations. Formal or informal cooperation procedures, explicit or implicit coordination procedures, are determining factors in ensuring effective management.

Interventions to address addictions show increasing complexity as a growing number of actors participate in them and place greater emphasis on transversality and comprehensiveness of responses, so it is essential to develop coordination strategies.

Aware of this reality, and in line with the recommendations of the "*European Strategy to Combat Drugs 2013-2020*", which includes coordination as a fundamental transversal aspect, the City of Madrid's Addictions Plan has included among its objectives, in order to guarantee the quality of its interventions by means of a plural and comprehensive response, promoting alliances with interest groups and consolidating coordination processes between the different services, programmes and institutions with responsibility in some of the areas that form part of the Plan's reality.

The following interest groups are identified:



The actions envisaged in the City of Madrid's Addictions Plan, to improve and promote alliances and foster coordination in the field of addictions, cover the international, national, community, local and internal spheres:

1. Promotion of the coordination of the Addiction Institute of the City of Madrid with international networks in the field of addictions.
2. Enhancement of the Institute's participation in international forums.
3. Development of permanent lines of coordination in the area of addictions with the National Plan on Drugs and with the Spanish Federation of Municipalities and Provinces.
4. Coordination with the Department of Health of the Community of Madrid for the improvement of joint actions.
5. Consolidation of the Technical Forum on Addictions, a permanent forum for coordination between municipal areas and services, other institutions and social organizations with responsibility for addictions in the city of Madrid.
6. Strengthening coordination with institutions and social organisations working in the field of drug addictions and other addictions and/or with groups at risk of exclusion.
7. Support for the associative movement for the development of prevention programmes and resources and support for treatment and reintegration in the field of addictions, by means of a Call for Subsidies.

8.3. Development of knowledge.

There are many reasons to give priority to the development of knowledge in the Addiction Institute, among which we can highlight that:

1. We permanently need a reasonable level of innovation in a sector that is evolving very rapidly.
2. We know that scientific development (a learning and research environment) stimulates innovation.
3. We also need to stimulate quality, and that is only possible in a learning environment; moreover, training and research also serve to develop professional competences.
4. Knowledge is therefore an important asset that we must manage.
5. They increase the prestige of the Institution and its professionals, which achieves an important motivating effect.
6. And, in addition, it is another form of social contribution of our Institution (in short, we develop knowledge by and for citizens).

However, there are significant difficulties for the development of scientific knowledge by:

1. Speed of change and evolution in the field of addictions.
2. Extent and variety of health and social knowledge needed for good performance.
3. Need to integrate clinic and training and research.
4. Geographic dispersion and limited templates.
5. Health and social training requires practical preparation.

This generates the need to articulate systems of recognition for those professionals who carry out activities in the development of research and training of the Addiction Institute.

8.3.1. Training and Teaching.

One of the objectives of the City of Madrid's Addictions Plan is to promote continuous training, the promotion of the exchange of experiences among its professionals and the dissemination of good practices.

Continuing formation in the broad context of human resource policies is one of the key tools for ensuring that the staff of the Addiction Institute is prepared to respond to current and future needs in the field of addictions and the organization of services. It is

also an obligation of the administration and a right and duty of the worker, which generates an increase in motivation, professional incentives, levels of quality assurance and updating of knowledge, ensuring accessibility and decentralization in training.

The Mission and Vision of Continuing Education at the Addiction Institute are aligned with the general objectives of the Institute itself and of Madrid Salud, being developed within the managerial and executive framework offered by the Institute of Training and Studies of Local Government of Madrid, which constitutes the integrating element of all facets and training activities of the Madrid City Council.

The Institute for Addictions has had a Formation Committee since 2011 made up of representatives of the staff and of all the professional categories of the organisation, which meets periodically with the following tasks:

- To maintain and improve professional competence by acquiring new knowledge and skills.
- Detection of new training needs.
- Elaboration of Multi-Year Training Plans by competences (Specific courses and transversal courses).

The activities foreseen in the Plan to promote the continuous training of professionals who form part of the network of the Addiction Institute are:

1. The periodic evaluation of the training needs of the staff of the Addiction Institute and the proposal and organization, in collaboration with the municipal services involved, of the Internal Training Plan of the Addiction Institute, with a gender focus.
2. Support for the participation of the staff of the Addiction Institute in training actions developed from other fields (university, scientific societies, NGOs, etc.).
3. Actions aimed at promoting updating and exchange among professionals of the Addiction Institute and facilitating the dissemination of good practices.
4. Social commitment, facilitating teaching and tutoring actions that allow the dissemination of knowledge of the professionals of the Addiction Institute.

8.3.2. Research.

Scientific research, understood as the search for knowledge or solutions to scientific problems, is a dynamic and basic element in the progress and evolution of social and health activities.

Addictions are a complex health problem and their study requires a transversal and multidisciplinary conception. Research is an essential tool and the basis of new knowledge to better understand the phenomenon of addictions in order to facilitate the scientific approach to the problem.

The Addictions Plan of the City of Madrid, in line with the recommendations of the European Strategy on Drugs and the National Plan on Drugs, includes among its

objectives the promotion of research in the various areas of intervention in the area of addictions, with special consideration given to new addictions.

The integration of research into practice ensures better quality of services and better and faster implementation of scientific advances in the prevention, diagnosis and treatment of diseases, including addictions, as part of a Public Health problem.

Research in the field of addictions in the city of Madrid must take into account the priority lines defined by the WHO, the European Union and the National Plan on Drugs.

The activities planned by the Addiction Institute to strengthen and promote research are:

1. Sensitization of the staff of the Addiction Institute about the importance of research and the offer of the necessary training in this field.
2. Promotion and support for applied research projects in the centres and services of the I.A.
3. Collaboration with institutions, universities, professional associations, scientific societies or other entities that develop research activities in the field of addictions.
4. Conducting studies that approximate the changing reality of addictions in the city of Madrid. Research on new addictions will be strengthened.

8.4. Improving communication.

In the search for "Total Quality", communication appears as a fundamental starting element, becoming a tool that facilitates the achievement of strategic objectives and contributes to the improvement of the quality of services.

From the point of view of external impact, a Communication Plan should establish proposals that give prestige to the Addiction Institute, facilitating the recognition of the value contributed by the Comprehensive model of attention to addictions and serving as a stimulus for the involvement of the different social agents in preventive action.

The ultimate goal is to contribute to strengthening citizenship, so the project will not focus exclusively on the expert response provided by the Addiction Institute but will investigate and publicize the responses that are socially considered most relevant to address addictive behaviours.

In the period 2017-2021, from the Addiction Institute we establish the commitment to develop a line of promotion of communication that facilitates the knowledge of services by citizens, access to them and their participation, aligned with the Communication Plan developed in Madrid Salud.

The specific actions that the Plan contemplates in this area are:

1. Actions aimed at disseminating the Addiction Institute and its own model

through publications, expert voices, the use of references, etc.

2. Generate synergies to enhance the external visibility of the Addiction Institute.
3. Promotion of the use of information and communication technologies, as essential elements of improvement in the provision of services and in the interrelations with citizens.

8.5. Quality

The Addiction Institute, in coherence with the strategic lines that, in this area, Madrid Salud and the Government of the City, promotes quality at all levels of the organization, and has, among its basic management objectives, the commitment to an excellent service, based on "Total Quality", the focus on citizenship and the professional development of its staff. In 2011 the organisation was awarded the EFQM 400+ seal and in 2014 the CAF+500 seal. Work is currently underway to renew the seal in 2018.

In 2016, the *Avedis Donabedian Foundation* for the Improvement of Quality of Care (FAD), through an Evaluation Committee made up of independent specialists, reviewed and valued the documentation provided to recognise the work of those institutions or services that offer Mental Health and Addictions Programmes and that develop day-to-day programmes for the continuous improvement of quality of care. The Addiction Institute met 76% of the total possible score obtained. They highlighted as strong points the efforts made to improve quality and coordination with other services in order to avoid duplication and the care experiences that they described as novel and relevant to quality management, such as the design of the care process for adolescents and young people, and the procedure for care for homeless people with alcohol and other drug problems. We suggest as areas of improvement the revision of the quality management manual.

This revision of the Addictions Plan includes the main actions that make up *Madrid Salud's Continuous Improvement Plan*:

1. Continuous evaluation of the Addiction Institute Service Charter as an expression of commitment to citizenship.
2. Carrying out studies and satisfaction surveys of users of the services, so as to identify points that could be improved.
3. Active collaboration with Madrid Salud's Suggestions and Complaints System, as a means of citizen participation.
4. Raising the awareness of the staff of the Addiction Institute and encouraging their involvement in quality commitments and actions.
5. Implementation of the Equality Plan between women and men of Madrid City Council and its autonomous bodies 2017-2021.
6. Advance in the process management line.

7. Elaboration of clinical guides and protocols as an element to improve the technical quality of the services provided by the Addiction Institute.
8. Providing the centres and services with the facilities and material and human resources necessary to be able to carry out their activity with agility and quality assurance.
9. Permanent development of environmental sustainability criteria in the centres, with efficient management of raw materials, energy, water and waste.
10. Accessible centers with a wide schedule of attention, maintaining services of proximity.

8.6. Patient safety.

Although health care interventions are made to benefit people in treatment, they can also cause harm associated with the complex combination of processes, technologies and human interactions that result in an always excessive percentage of adverse effects.

For this reason, patient safety has become a fundamental principle of health care and a critical component of quality management, to the extent that the *Joint Commission* does not accredit health centres that do not act in this line, and our European model is studying how to include it in their accreditation.

Although adverse events can be much more serious and frequent in hospital care (at least 10% of admissions), in outpatient care, and although milder, they also occur with excessive frequency, so, in the APEAS study of the Ministry of Health and Consumption - 2008- on Primary Care, it is estimated that 7 out of every 100 citizens receive an adverse effect each year, of which between 70 and 80% are preventable.

From an epidemiological point of view, it is a frequent problem, with a growing trend, potentially serious, and preventable, which fully justifies our action.

The Ministry of Health and Consumer Affairs recommends its implementation in seven steps:

1. Build a culture of safety.
2. Leadership of the team of people.
3. Integrate risk management tasks.
4. Promote reporting.
5. Get involved and communicate with patients and the public. Criteria:

- a. Give explanations and acknowledge the damage caused.
 - b. Initiate the investigation after the AE (Adverse Effect).
 - c. To give physical and psychological support to face the consequences.
6. Learn and share safety lessons.
 7. Implement solutions to prevent damage.

For its implementation, we will follow the WHO recommendations and the guiding principles proposed by the Ministry of Health and Consumer Affairs:

1. Patient safety as a central axis in the strategy of the Addiction Institute knowing that at least half of the adverse effects that occur in our centers today are preventable.
2. The management must be involved, as well as the team of professionals.
3. Good information/communication.
4. Systemic or multifactorial approach: many are attributable to latent situations in the system itself that need to be analysed, rather than to negligence or recklessness on the part of staff.
5. Adverse effects must be **detected**, **they** must be **analyzed** looking for, rather than the guilty person, the situations that allowed or induced their production; and these must be **corrected** (cycle of continuous improvement).
6. The detection, analysis and correction of problems must be carried out in the Institute where they occurred.
7. Staff must receive feedback on their statements.
8. Each person's experience can be useful to others: share it.
9. As notification systems evolve, or later, establish specific shared programs to reduce common problems of relevance to patient safety.
10. Risk Management: Analyzing the causes and Preventing the risk.
11. Anticipate possible failure opportunities by analysing our work systems and introducing preventive measures so that they do not occur.

12. To analyse the errors detected and the adverse effects produced by analysing both the proximate causes and the root causes.

8.7. Evaluation

Following the proposals of the "European Strategy to Combat Drugs 2013-2020", in this Addictions Plan of the City of Madrid, evaluation is an essential instrument for analysing the organisation and effectiveness of the interventions, which makes it possible to assess the results and effects achieved, facilitating the alignment of human, technological, financial and organisational resources in the achievement of its objectives, thus strengthening an integrated intervention model of reference at European level.

The Plan contemplates evaluation as a global strategy that covers all the actions developed in the different areas (prevention, assistance and reintegration), also taking into account the strategic lines that guide it, including priority attention to the most vulnerable groups, the perspective of gender and multiculturalism, with the difficulties and particularities inherent to each of them. It will be based on methodologically sound instruments and criteria that allow comparability with others.

The evaluation system proposed in this Plan considers that the excellence of the interventions, whose results we want to know, is not only a matter of process and result, but must include, as an important part of it, the recipients of our activities, both direct users and the community, since the idea of excellence involves everyone.

The legitimacy of our intervention will be endorsed to the extent that we manage to ensure that users perceive the resources and actions addressed to them as necessary, adequate and implemented in such a way as to guarantee their own assessment of them.

Evaluation, understood in this way, is a powerful planning instrument that provides information on compliance with the proposed objectives, their performance and their impact, and that bases decision making, being useful for making the necessary corrections in the development of the actions during the period of validity of the Plan and for the maintenance, or where appropriate modification, of the objectives depending on the results obtained and the needs detected in the changing reality of the phenomenon of addictions and the problems associated with it. It also constitutes a field of priority interest for any public administration, generating a culture of evaluation that contributes to a better understanding of the phenomenon and effective decision-making.

The culture of evaluation should be seen as part of a broader process of institutionalization of this function, necessarily linked to the modernization and professionalization of the Administration, politics and society itself, in search of the quality of services. Citizens increasingly demand quality services, information, accountability..., thus promoting the obligation on the part of public institutions to increase transparency and justify the *raison d'être* of their policies and programmes, which helps to strengthen the democratic system.

The evaluation system of the Addiction Institute will allow:

- Generate useful information for the improvement of the design, the process and the results.
- To contribute to the organizational development of the Institute itself, by promoting the capacity to reflect on the evaluation among all the personnel involved in the Plan, assuming as their own both the evaluation process and the results of the same.
- Promote the culture of evaluation in Madrid Salud, considering that an organization that maintains its capacity to be accountable, to be transparent in its management, to evaluate its work, will be able to learn from both its successes and its mistakes.

The actions proposed for the monitoring and evaluation of the Plan are:

1. Development of an annual action plan that includes objectives, actions, improvement actions and goals for each period, with compliance being evaluated annually.
2. The evolution of compliance with the actions included in the Addictions Plan will be evaluated annually.
3. Monitoring and evaluation of the actions of the Addiction Institute included in the Human Rights Plan of the Madrid City Council.
4. Revision and permanent updating of information collection systems and clinical history models, adapting them to new needs.
5. Evaluation and revision of the key indicators found in the Balanced Scorecard developed by the Addiction Institute within the framework of the WCC of Madrid Salud.
6. Establishment of a periodic system for collecting information on user satisfaction and citizen perception of our interventions, with the aim of integrating their opinion.
7. *Ad hoc*" evaluations, according to the needs identified by the Management of the Institute.

GLOSSARY

ACE	Aulas de Compensación Educativa	CEC	Compensatory Education Classrooms
AENOR	Asociación Española de Normalización y Certificación	AENOR	Spanish Association for Standardisation and Certification
AMPA	Asociación de Madres y Padres de Alumnos	PTA	Parent Teacher Association
APEAS	Estudio 2008 – Seguridad de los pacientes en la Atención Primaria. Ministerio de Sanidad y Consumo.	APEAS Study	Patient Safety in Primary Health Care. Madrid: Ministry of Health & Consumer Affairs, 2008.
CAB	Centro de Atención Básica Sociosanitaria	BSHC	Basic Sociomedical Healthcare Centre
CAD	Centro de Atención a las adicciones. Ayto. Madrid	ACC	Addiction Care Centre. Madrid City Council
CAF+500	Common Assesment Framework	CAF+500	Common Assessment Framework
CAST Escala	Cannabis Abuse Screening Test	CAST Scale	Cannabis Abuse Screening Test
CCAD	Centro Concertado de Atención a las Adicciones	CACC	Chartered Addiction Care Centre
CEPA	Centros de Educación de Personas Adultas	AEC	Adult Education Centres
CICAD	Comisión Interamericana para el Control del Abuso de Drogas	CICAD	Inter-American Drug Abuse Control Commission
CMI	Cuadro de Mando Integral	BS	Balanced Scorecard
CMS	Centro Madrid Salud. Ayto. Madrid	MSC	Madrid Salud Centre. Madrid City Council
CSB	Centro de Salud Bucodental. Ayto. Madrid	OHC	Oral Health Centre. Madrid City Council

CT	Comunidades Terapéuticas	TCs	Therapeutic Communities
DSM	Diagnostic and Statistical Manual of Mental Disorders	DSM	Diagnostic and Statistical Manual of Mental Disorders
EA EAJ	Efecto Adverso Equipo multidisciplinar para adolescentes y jóvenes	AE MTTYA	Adverse Effect Multi-disciplinary Team for Teens and Young Adults
EFQM	European Foundation for Quality Management	EFQM	European Foundation for Quality Management
EMCDDA	European Monitoring Center for Drugs and Drug Addiction	EMCDDA	European Monitoring Center for Drugs and Drug Addiction
DAFO	Debilidades, Amenazas, Fortalezas, Oportunidades	SWOT	Strengths, Weaknesses, Opportunities and Threats
FAD	Fundación de Ayuda contra la Drogadicción	FAD	Foundation for Help Against Drug Addiction
FEANTSA	European Federation of National Organisations Working with the Homeless	FEANTSA	European Federation of National Organisations Working with the Homeless
FEMP	Federación Española de Municipios y Provincias	FEMP	Spanish Federation of Municipalities and Provinces
FERMAD	Federación de Asociaciones para la Asistencia al Drogodependiente y sus Familias	FERMAD	Federation of Associations for Assisting Drug Addicts and their Families
FTA	Foro Técnico de las Adicciones de la Ciudad de Madrid. Ayto.Madrid	TFA	The City of Madrid's Technical Forum on Addictions. Madrid City Council
FPB	Formación Profesional Básica	BVT	Basic Vocational Training
GHB	Gamma-hidroxitirato (éxtasis líquido)	GHB	Gamma-hydrobutirate (liquid ecstasy)

ISTMO	Programa Atención Población Inmigrante. Ayto. Madrid	ISTMO	Immigrant Population Assistance Programme. Madrid City Council
MADROÑO	Unidad Móvil Reducción del Daño. Ayto. Madrid	MADROÑO	Mobile Unit for Harm Reduction. Madrid City Council
MDMA	Éxtasis	MMDA	Ecstasy
MOOC	Cursos Gratis Online Masivos	MOOC	Massive Open Online Courses
MS	Organismos Autónomo Madrid Salud. Ayto. Madrid	MS	Madrid Salud Self-governing Bodies. Madrid City Council
OED	Observatorio Español sobre la Droga	OED	Spanish Observatory on Drugs
OEDT	Observatorio Europeo sobre Drogas y Toxicomanías	EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
OMS	Organización Mundial de la Salud	WHO	World Health Organisation
PACM	Plan de Adicciones de la Ciudad de Madrid 2011-2016. Ayto. Madrid	CMAP	2011-2016 City of Madrid Addiction Plan
PAD	Servicio de Prevención Adicciones. Ayto. Madrid	PAD	Addiction Prevention Service. Madrid City Council
PMCD	Plan Municipal contra la Droga 1988-1998. Ayto. Madrid	MPAD	1988-1998 Municipal Plan Against Drugs. Madrid City Council
PND	Plan Nacional sobre Drogas	NDP	National Drugs Plan
PPI	Plan Personalizado de Intervención	PIP	Personalised Intervention Plan
SAJIAD	Servicio de Asesoramiento a Jueces e Información al detenido drogodependiente	SAJIAD	Advisory Service for Judges and Information for Drug Addict Detainees
SEPD	Sociedad Española de Patología Dual	SDDS	Spanish Dual Disorder Society
SIVFRENTJ	Sistema de Vigilancia de Factores de Riesgo asociados a Enfermedades No	SIVFRENTJ	Monitoring System for Risk Factors Associated with Non-transmittable Diseases in Young People

Transmisibles en los Jóvenes

SOF	Servicio Orientación Familiar	FOS	Family Orientation Service
SOL	Servicio de Orientación Laboral. Ayto. Madrid	LOS	Labour Orientation Service. Madrid City Council
TBS Red	Red contra la Tuberculosis y para la Solidaridad	TBS Red	Network against Tuberculosis and for Solidarity
TIC	Tecnología de la Información y la Comunicación	ICT	Information and Communication Technology
TICO	Tecnología de la Información, Comunicación y el Ocio	ICLT	Information, Communication and Leisure Technology
UBE	Unidades de Bebida Estándar	BU	Beverage Units
UDH	Unidades de Desintoxicación Hospitalaria	IDU	In-patient Detoxification Unit
UE	Unión Europea. Tratado Constitutivo 1992	EU	European Union. 1992 Constituent Treaty
UE-EE	Unión Europea. Estrategia Europea 2013-2030 lucha contra la droga	EU-ES	European Union. European Strategy 2013-2030 Fight against Drugs
UFIL	Unidades Formación de Inserción Laboral	LITU	Labour Integration Training Units
UMM	Unidad Móvil Madroño. Ayto. Madrid	MMU	Madroño Mobile Unit. Madrid City Council
UNAD	Unión Española de Asociaciones y Entidades de Atención al Drogodependiente	UNAD	Spanish Unit of Associations and Entities for Drug Addict Care