



madrid
+salud

2022/2026 MADRID'S ADDICTIONS PLAN

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1 INTRODUCTION

Madrid's City Council's experience in attending to addictions dates back to the first Municipal Plan against Drugs, which was approved on 8th May 1988. A flexible model was promoted at that time, one that adapted to the different profiles of addicts or persons at risk of becoming addicts. A network has been structured since then through the said plan featuring a number of resources that have been used throughout the comprehensive care process.

This network of Addiction Care Centres (*Centros de Atención a las Adicciones*, CAD) provides interdisciplinary care (bio-psychosocial) and a number of services and resources to support treatment and rehabilitation (flats, places in therapeutic communities, dual pathology centre). Other resources are also available to detect and provide access for more vulnerable persons, always from a community work perspective which is coordinated between territories and in natural environments.

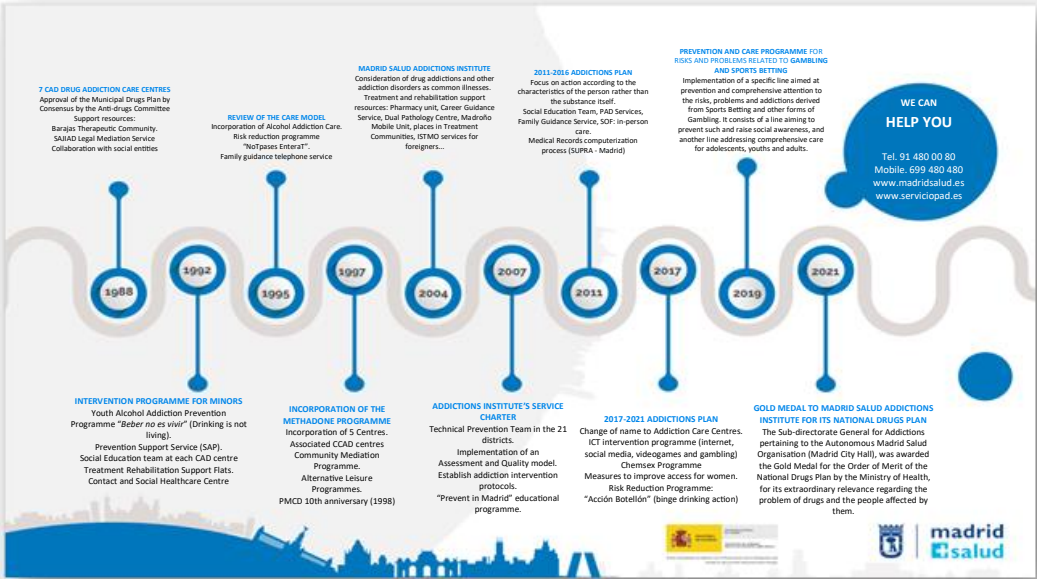
The strategic lines in which the Plan is encompassed are based on prevention in educational and community environments, comprehensive care for adolescents and youths, and also for adults. All actions involve a gender-based approach in order to adapt them to the specific needs of women and to prevent and detect gender-based violence. In recent years there has been a considerable increase in action to address gambling and obsessive use of technology problems.

On 17th March 2011, following an agreement by the Governing Board of the City of Madrid, the 2011-2016 City of Madrid's Addictions Plan was approved, focusing on action according to the characteristics of the person rather than the substance itself. Moreover, the addictions treatment model places special emphasis on the more vulnerable social groups.

The 2017-2021 Addictions Plan was approved by the Governing Board of the City of Madrid on 19th October 2017. This Plan has been subject to annual assessment, reporting back to the Technical Forum on Addictions, the body in which different areas and general directorates of the City Council take part, along with other institutions and social entities whose activities are related to addictions in the City of Madrid. Five committees were established, who have worked on the most relevant subjects and on those that need to be coordinated: Family, adolescent and youth care, homeless drug addicts and other groups at risk of exclusion, social integration and employment, and the gender perspective of addictions.

In 2021 the Ministry of Health granted the Gold Medal for the Order of Merit for the National Drugs Plan to the Sub-directorate General for Addictions (*Subdirección General de Adicciones*) pertaining to the Autonomous Organisation Madrid Salud for its work on the prevention of addictions and care for addicts during the pandemic.





2

CURRENT ADDICTIONS SITUATION

2.1 Europe

In 2018, 96 million people (29% of the adult population between 15 and 64 years old) in the European Union (EU) had taken illegal drugs at some time in their life. Men (57.8 million) consume drugs more often than women (38.3 million).

In 2019 the most widely consumed illegal drug was cannabis. Younger people (15-34 years old) are the highest consumers of cannabis (19.1 million). In 2019, 24.7 million people had smoked cannabis in the last year, and 91.2 million had done so at some time in their life. It is the most widely referred to substance as the main reason for starting treatment for the first time at specialised centres.

Insofar as cocaine is concerned, 3.9 million people had consumed it during the year, and 18 million Europeans have consumed it at some time in their life.

As for opioids, there were 1.3 million high-risk consumers in 2017. This accounted for 35% of treatment requests. 654,000 people received replacement treatment in the European Union. Moreover, opioids were detected in 85% of fatal overdoses.

In 2018 alcohol consumption per capita in Europe was the highest in the world, with the highest consumption in women between 20 and 24 years of age, and in men between 35 and 49. 290,000 people died in 2016 due to alcohol related diseases. Alcohol related deaths were mainly due to injuries, and occurred at an early age, causing a mean loss of 26.1 years of life. The prevalence of alcohol consumption in the last 12 months is 72% of the population (83.3% men and 61.4% women). People with a lower socio-economic level are three times more likely to die due to alcohol consumption related causes. The prevalence of episodes of excessive alcohol consumption was 30.4%.

2.2 Spain

The data from the EDADES survey (2021 National Drugs Plan) were compiled before the lockdown caused by the COVID-19 pandemic. The survey reports that alcohol consumption is widely extended in the population. 93% state having drunk alcohol at some time in their life, 63% in the last thirty days, and 8.8% drink on a daily basis. This makes alcohol consumption the main public health problem in Spain. Alcohol is the substance that people consume earlier (16.6 years old). Moreover, 15.4% of the people in the survey replied that they had binge drunk at some time and their perception of alcohol is that it is the least dangerous substance.



In regard to illegal substances, cannabis consumption is the most common, with 37.5% stating they had smoked it at some time, and 3% on a daily basis. It is the illegal drug that people consume earlier (18.5 years old). Among young people (15 to 34 years), 45% state they have consumed it at some time in their life, whereas this figure stands at 34% for the rest of the population.

The use of sleeping pills increased by 1.7 points, and in the period 2019-20 it was 22.5%, and along with opioid painkillers it is the substance where consumption is similar between men and women.

Regarding addictions not involving substances, 63.6% of the population have gambled money in-person in the last twelve months. The percentage of online gambling of 6.7% needs to be added to this figure, highlighting that this had practically doubled compared to the previous survey, with young people aged between 15 and 34 years being the ones who gamble online most. The age when people start gambling in-person was 22.7 years, and 25.9 years with online gambling. Likewise, 670,000 people reported a gambling disorder (2.2%). Of the population aged between 15 and 64 years, 3.7% stated possible compulsive use of the internet (1,139,000 people), with no differences regarding gender.

According to the ESTUDES survey, in minors aged between 14 and 18 years, males consume more illegal substances, whereas females consume more legal drugs (alcohol, tobacco and sleeping pills). As for alcohol, 76% had drunk in the last 30 days, and 32.3% had binge drunk. Of this group of young people who drink, 50% are allowed to drink by their parents and 53% can arrive home at 3 a.m. or later (2019 National Drugs Plan).

In 2018, 25.5% of students gambled money, mainly males who start gambling aged 14.7 years. 82.2% had played videogames in the last year, with this activity being much more common among males. 6.1% could potentially suffer from a videogame addiction. As for the use of the internet, the prevalence of possible compulsive use is 20%, considerably higher than among the adult population.

2.3 Region of Madrid

Today, the most widely extended pattern is the consumption of several substances, with alcohol being the most common, and of the illegal drugs, cannabis is the one that is most widely consumed.

In 2019 alcohol was the substance leading to the most outpatient emergencies, accounting for 1120 incidents. It also accounted for the most hospital emergencies, with 835 cases, representing 62.9% of all drug-related actions.

Among the fatalities due to consumption of substances, alcohol was detected in 48.1% of the cases. 76.6% of them were males with 24.7% showing signs of suicide. Among the substances in second place were hypnotics and sedatives (44.8%).

In 2019, 20,643 patients were treated for consumption of substances, of which 25.1% were first time patients. Alcohol (28.4%), cocaine (27.5%), heroin (22.0%) and cannabis (18.4%) are



the main substances for which patients are treated. Within the field of new treatments, the most commonly treated substance is alcohol (35.1%), followed by stimulants (29.3%) and cannabis (28.3%); with 5.8% being treated for consumption of opioids. Of those who were already treated, stimulants are the substances that were most commonly treated (28.9%), followed by alcohol (28.4%), opioids (23.1%) and cannabis (18.4%); cocaine (27.5%) and heroin (22.0%).

The profile of people who turn to treatment is that of a Spanish male aged around 41 years, and almost 4% are under 18 years old. Males usually turn to stimulating drugs, whereas women tend to drink alcohol, and cannabis is the substance leading to most treatment among youths. In regard to the level of studies, only 10% had university studies, and 42.7% had not passed their primary studies. 37.8% of patients were unemployed, 38.3 had had legal problems and 4.4% were living in precarious accommodation.

In regard to the healthcare situation, it must be stated that 23.3% were Hepatitis C positive, and 12.6% tested positive for human immunodeficiency virus (HIV).

During the period 2018-19, youths aged between 14 and 18 years referred to having drunk alcohol at some time in their life (76%), having smoked cigarettes (42%) and cannabis (33%). Cannabis was the third most widely consumed substance by 18.8% of young people in the last thirty days. Those who smoke cannabis had missed class in the last thirty days, and often fail and repeat two or more school years.

As far as betting is concerned, 22.7% of young people aged between 14 and 18 had bet money in-person and 9.7% online. The differences insofar as gender is concerned are significant, with this mainly affecting males.

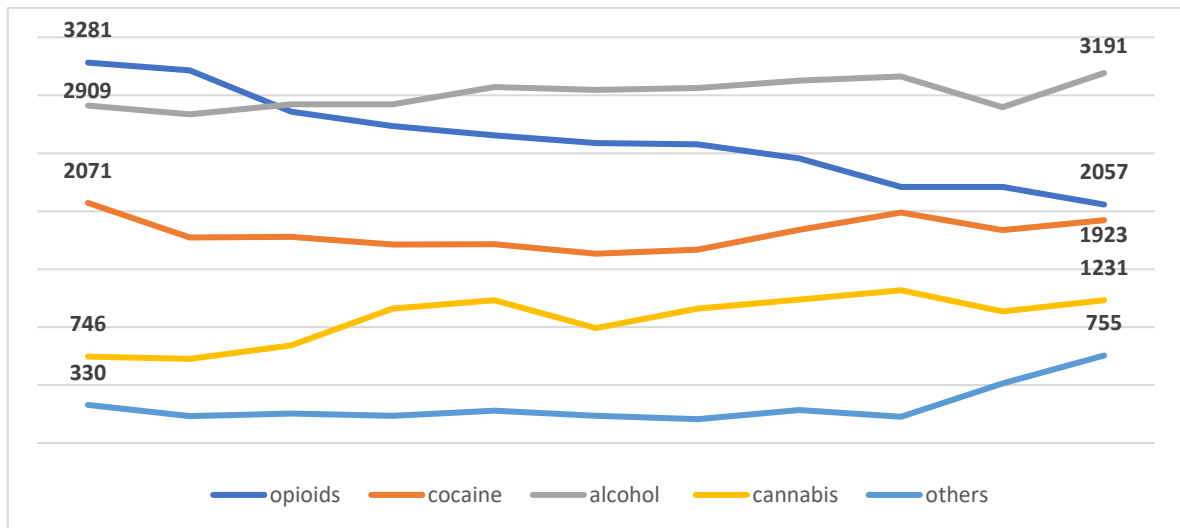
With regard to videogames, 82% had played in the last year, and 50.6% had played on a daily basis in the last thirty days. Playing videogames is more frequent among males. Those who state they had played daily in the last month tend to fail exams and tests and repeat school years more. Out of the gamers, 15.6% stated they had spent up to 50 euros in the last year on add-ons to improve the features of the game. 94.6% of females did not spend money on this, whereas 94.6% of males did.

Regarding use of the internet, 21.1% said their use of it was potentially compulsive. 25.4% of them said they had a poor relationship with their parents, and their academic achievement was low. Females are those at greater risk.

2.4 Addictions Institute

The mean annual number of patients admitted to Addiction Care Centres since 2011 until 2021 was 8840 people. It must be emphasised that in 2020 there was a significant decrease in the number of actions, owing to the SARS-COV-2 situation.

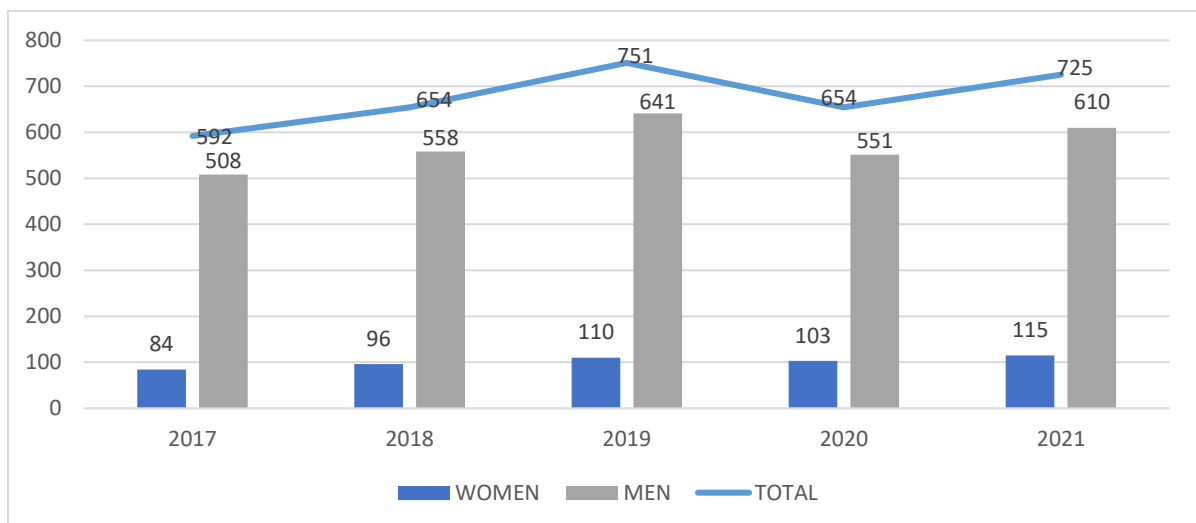
Number of treatments for addictions with and without involving substances



The most frequently treated substance was alcohol, with an annual mean of 3013 cases. Having regard to illegal substances, opioids were in first place despite the decrease, with an annual mean of 2621 cases. Cocaine was second in annual treatments involving illegal substances, with 1812 cases. Third was cannabis treatment, with 1071 cases. Finally, addictions without involving substances increased hugely in 2020, with a total of 513 cases, doubling the number in previous years of 253, and reaching 755 cases in 2021.

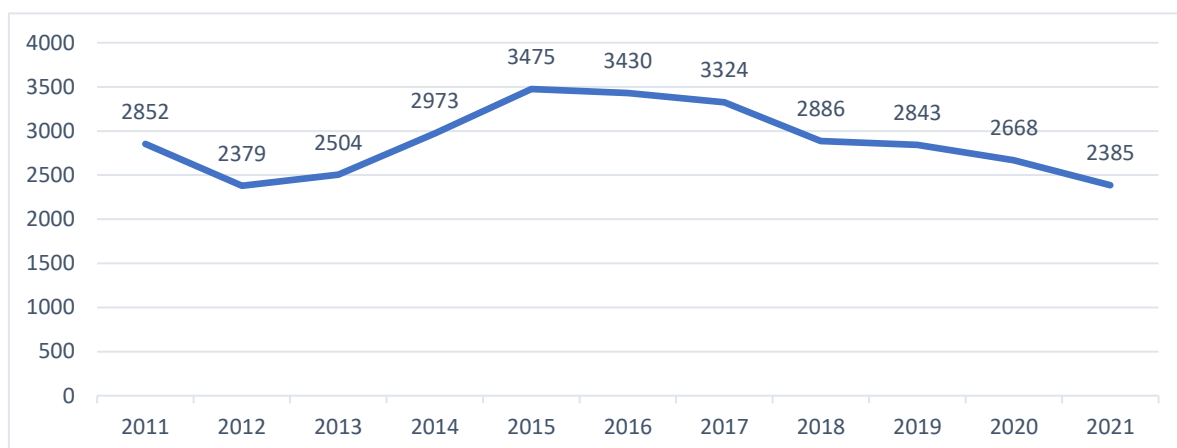
The general profile of homeless patients is a middle-aged male who mainly comes to the centre owing to problems with alcohol or opioid consumption. The mean number of patients per year is 675.

Homeless patients



2884 people with a dual pathology are treated every year, who account for one third of the treated patients. Mood (depression), personality and anxiety disorders are the most commonly detected in conjunction with addictions.

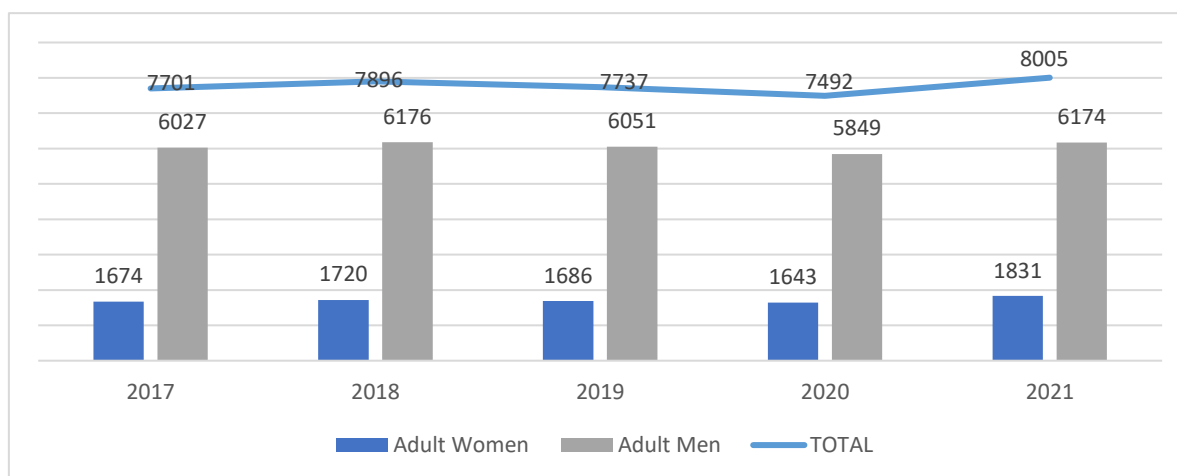
Patients with a dual pathology



2.5 At the Addictions Institute for the period 2017/21

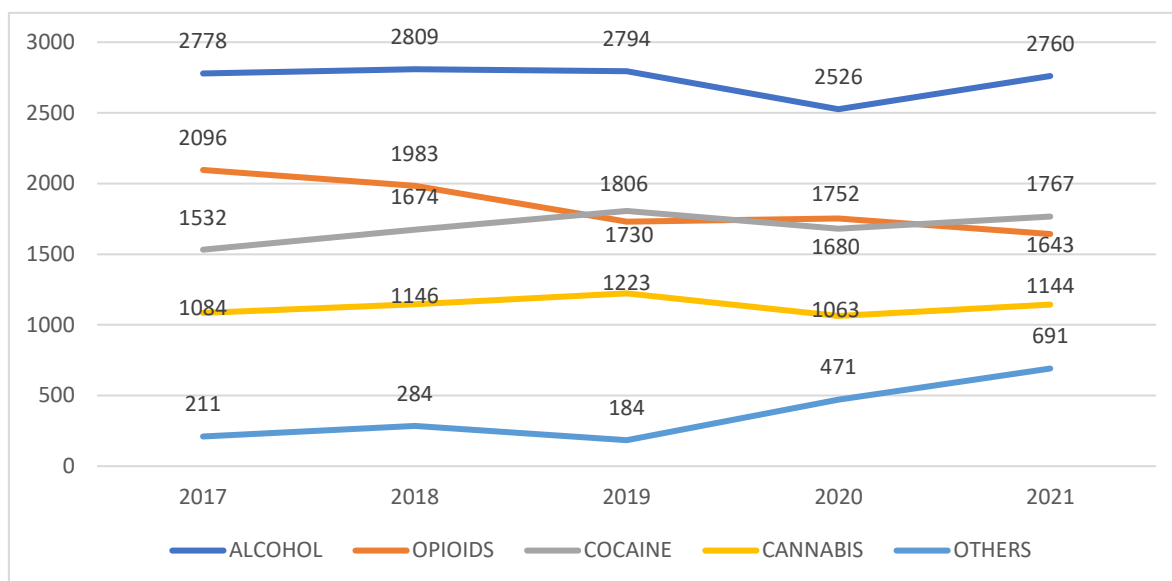
In the 2017/21 City of Madrid's Addictions Plan, the mean annual number of patients was 7766, with males accounting for 6055 and females representing 1711.

Total treatment and treatment itemised by gender



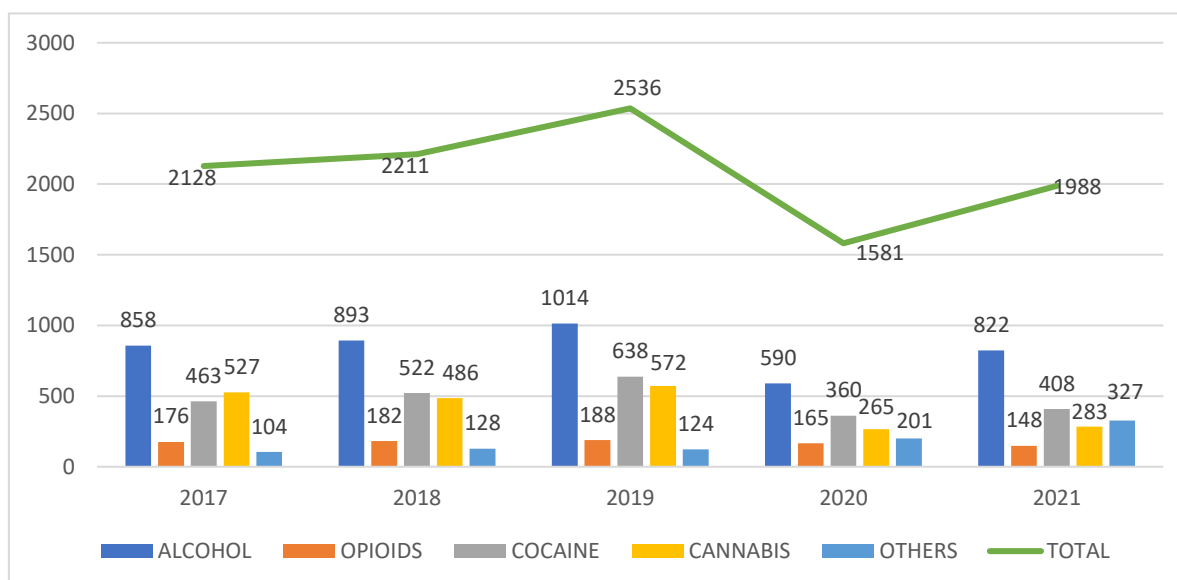
Alcohol accounted for the highest number of treated patients with an annual mean of 2733, opioids came second with a mean of 1841, cocaine with 1692 and cannabis with 1132. Addictions not involving substances reported an annual mean of 368 patients with a significant increase in 2020.

Treatments by substance



Each year 2089 patients request treatment for the first time. The addiction leading to the highest number of new patients is alcohol consumption standing at 835 cases, followed by cocaine at 478 and then cannabis at 427. There were 177 requests for new treatment for addictions that do not involve substances, although in 2021 this number rose to 327.

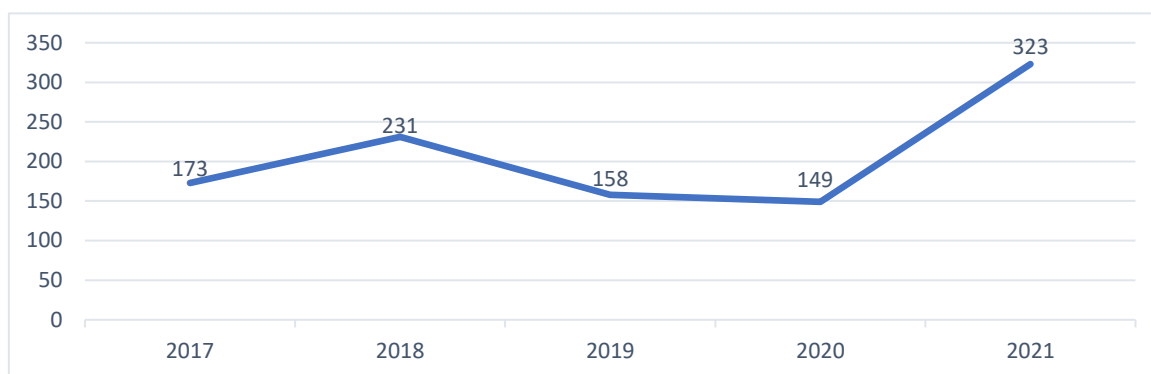
First time treatment requests



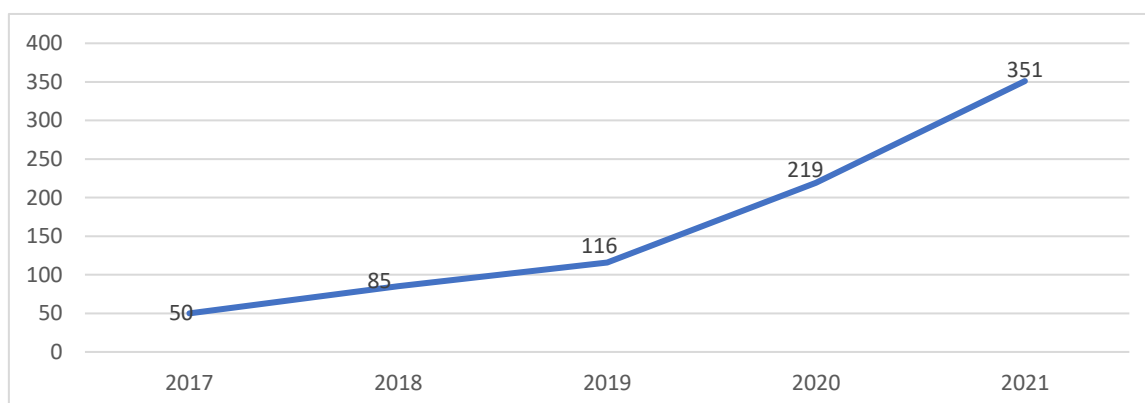
In general terms, the number of treated patients has remained constant with a slight decrease owing to fewer patients requesting treatment for opioid addiction. The rest of the addictions have remained constant, although with a slight increase, with attention being brought to alcohol-related patients, accounting for the highest number.

As of 2017 cases of gender-based violence were recorded. 10.5% of women who received care were victims of gender-based violence. There was a significant increase in 2021.



Women in treatment who have suffered gender-based violence

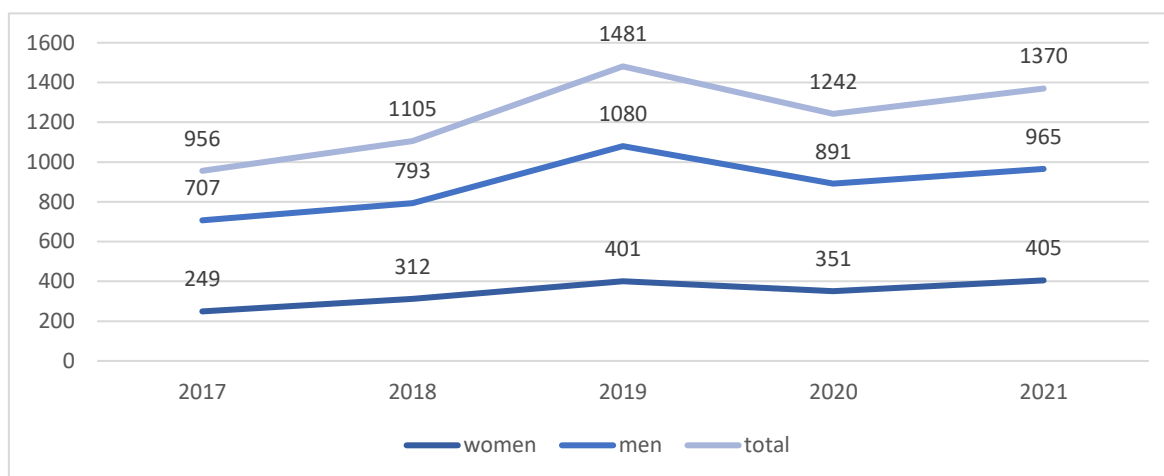
The number of patients who came to the centres for chemsex has increased, reaching its peak in 2021 with 351 cases.

Patients requesting treatment for chemsex

The district where most new patients were recorded is Puente de Vallecas, followed by Carabanchel. The number of people who decided to request treatment for the second or subsequent times is highest in the Puente de Vallecas district, following by La Latina. As for the total number of people who are treated, the district with most patients was Puente de Vallecas, followed by La Latina and Ciudad Lineal.

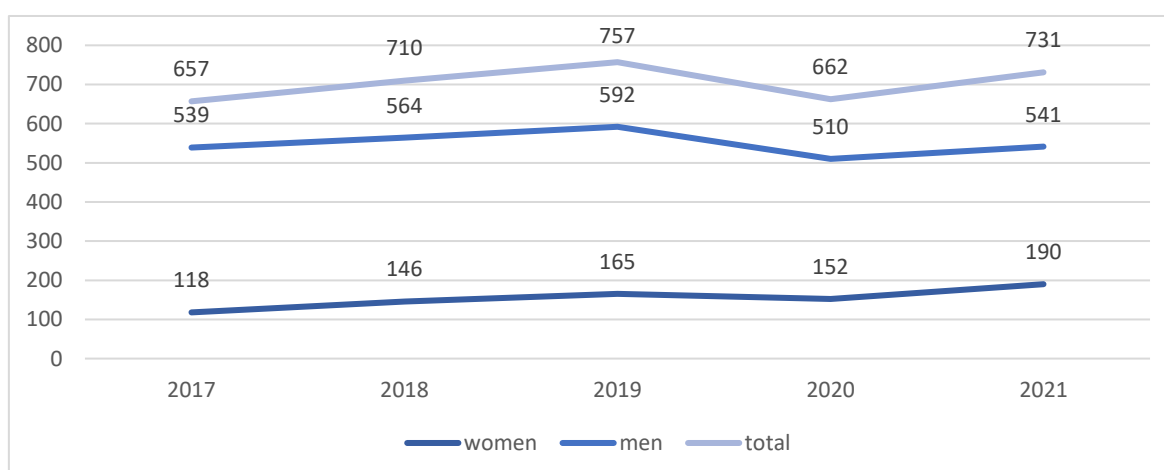
The prevention programme targets adolescents and youths to the age of 24. The mean annual treatment with young people at risk was 1231. The number of males was higher than females, 887 compared to 344.

Adolescents and youths at risk



Treatment of adolescents and youths with addiction criteria reported an annual mean of 703 cases. Likewise, there were more males (549) than females (154).

Adolescents and youths with addiction criteria



The substance leading to most actions in adolescents and youths at risk was cannabis, followed by alcohol.

In respect of adolescents and youths who have developed an addiction, most requests are for treatment for cannabis addictions, followed by alcohol. It is well worth noting that cocaine addiction is practically the same as addiction to alcohol.

To sum up, adolescents and youths who received care because of the risk of developing an addiction are boys who come to the centres to treat cannabis or alcohol addictions. This group includes those who are sent to the centres following administrative penalties for consumption and can be suspended if they are treated at the CAD. Those who have developed an addiction are usually males with cannabis addiction, although some also have alcohol or cocaine addiction.

3

REGULATORY FRAMEWORK

The 2022/26 City of Madrid's Addictions Plan is encompassed within the policies and strategies on the fight against drugs implemented by the EU, Spain, National Drugs Plan, Region of Madrid and Madrid's City Council.

The 2021/25 EU Agenda and Action Plan on Drugs published on 24th March 2021 <https://www.boe.es/doue/2021/102/Y00001-00014.pdf>, establishes the general political framework and the main actions on this subject. The purpose is to "protect and improve the welfare of society and people and to safeguard and promote public health." It defends an empirical, proven, comprehensive, balanced, multi-disciplinary approach to drugs at national, international and EU levels. It also considers the perspective of gender equality and health equality.

The Strategy is based on the principles of Union Law and respects the foundational values of the EU: respect for human dignity, freedom, democracy, equality, solidarity, the Rule of Law and human rights. Likewise, it is based on International Law, the relevant Conventions of the United Nations and the Universal Declaration of Human Rights.

Similarly, it is structured around continuous assessment and data on drugs which are supplied by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. It is a future oriented strategy aiming to anticipate the events that may arise from events as dynamic as the consumption of drugs.

The Strategy proposes three scopes of action:

- Reducing the offer of drugs: improving safety.
- Reducing the demand for drugs: prevention, treatment and care services.
- Tackling drug-related harms.

Moreover, it sets out three transversal subjects to support the scopes of action:

- International cooperation.
- Research, innovation and foresight.
- Coordination, governance and application.

As for the national scope, Article 43 of the Spanish Constitution <https://www.boe.es/legislacion/documentos/ConstitucionCASTELLANO.pdf> establishes "the right to health protection" which is implemented by means of Act 14/86 of 25th April on General Healthcare <https://www.boe.es/buscar/pdf/1986/BOE-A-1986-10499-consolidado.pdf>.

The institutional reference, implemented in 1985, is the National Drugs Plan, which through different national strategies over the years refers to the competences of local corporations on drug addiction. The latest Addictions Strategy refers to the 2017/24 period https://pnsd.sanidad.gob.es/pnsd/estrategiaNacional/docs/180209_ESTRATEGIA_NADICIONES_2017-2024_aprobada_CM.pdf, placing special emphasis on reducing the harm caused by addictions in order to achieve a healthier, safer society. This Strategy is jointly planned through an agreement by the Public Administration, non-governmental organisations in the sector, the scientific society, research centres and all public and private entities involved in the National Drugs Plan. The guiding principles it is based on are: equality, gender perspective, transparency, scientific evidence, participation, intersectorality and inter-disciplinarity, quality, efficiency and sustainability.

Two fundamental goals have been set for this period:

a) *"To achieve a healthier, better-informed society by reducing the demand for drugs and the prevalence of addictions in general".*

b) *"To have a safer society by reducing the offer of drugs and controlling those activities that could lead to addictions."*

The aspects of the Strategy that concern the Addictions Institute are as follows:

- *Preventing and reducing risks.*
- *Comprehensive, multi-disciplinary care.*
- *Reducing harm.*
- *Social integration, with special emphasis on job integration.*

The Ministry of Health recently submitted its 2021-24 Addictions Action Plan, which was approved at the Sector Conference on the National Drugs Plan. It is a project that will guide the actions to be carried out on addictions by the Ministry of Health in the coming years. The main objective is to provide a reference framework for the Public Administration and other entities with a comprehensive, balanced approach based on evidence so that they can implement the plans and programmes falling under their competence in regard to addictions. The result is a plan consisting of 46 actions and 135 activities under the principles of effectiveness, efficiency and optimisation of resources; establishing joint governance and the assessment and quality of the actions. These principles are complemented by a gender approach: the Plan emphasises tackling gender aspects and the violence and substance abuse binomial. In conjunction with this approach, the entire Plan pays special attention to promoting health among minors.

As for regional legislation, Act 5/2002 of 27th June on Drug Addiction and other Addiction Disorders <https://www.boe.es/eli/es-md/l/2002/06/27/5/dof/spa/pdf> and Act 12/2001 of 21st December on Healthcare in the Region of Madrid <https://www.boe.es/buscar/pdf/2002/BOE-A-2002-4375-consolidado.pdf>, establish a delegation of competences to Local Corporations in regard to addictions.



Furthermore, Act 5/2002 of 27th June states that *“drugs are considered to be any substances which, on being introduced into a living organism can modify one or more of its functions, being capable of creating a dependence, causing changes to conduct and having harmful effects on health and social wellbeing”* and *“considering drug addiction and other addiction disorders as common illnesses with repercussions in the fields of biology, psychology, social and family life: One of the consequences of this idea is comparing drug addiction to other diseases, without discriminating between them, active promotion of healthy habits and a health culture that includes the rejection of drug consumption; comprehensive and interdisciplinary consideration of prevention, care and social integration work on drug addiction involving the education, healthcare and social integration work on drug addiction; social integration, which must also be linked to a healthcare process and the ultimate objective of the latter; and to favour a culture of solidarity and raise social awareness, which necessarily involves encouraging associationism to establish self-help groups for drug addicts and their families”*. One of the main objectives of this provision is to ensure *“comprehensive healthcare that conceives drug addiction and other addiction disorders as a common illness with repercussions in the social, economic, biological and psychological fields.”*

Act 41/2002 of 14th November regulating the autonomy of patients <https://www.boe.es/buscar/pdf/2002/BOE-A-2002-22188-consolidado.pdf> sets the baseline on which all medical/care relations are based and also outlines the duties and obligations in regard to the confidentiality of medical information.

The first regulatory reference of Madrid's City Council on drug addiction dates back to the 31st of July 1987 with the creation of the “Anti-drugs Committee” (*Comisión Antidroga*).

In 2004, the Municipal Plenary Meeting approved the Statutes of the “Autonomous Organisation Madrid Salud” <https://www.madridsalud.es/pdf/Estatutos.pdf> to which the “City of Madrid Addictions Institute” belongs.

Madrid Salud has the ultimate goal of managing municipal policies regarding public health and drug addictions and other addiction disorders within the municipal district of Madrid. The term “Drug addiction and other addiction disorders” *“includes municipal action regarding care, prevention, rehabilitation and assessment of addictions, training and research in these fields and any other actions pertaining to the organisation to achieve its goals.”*

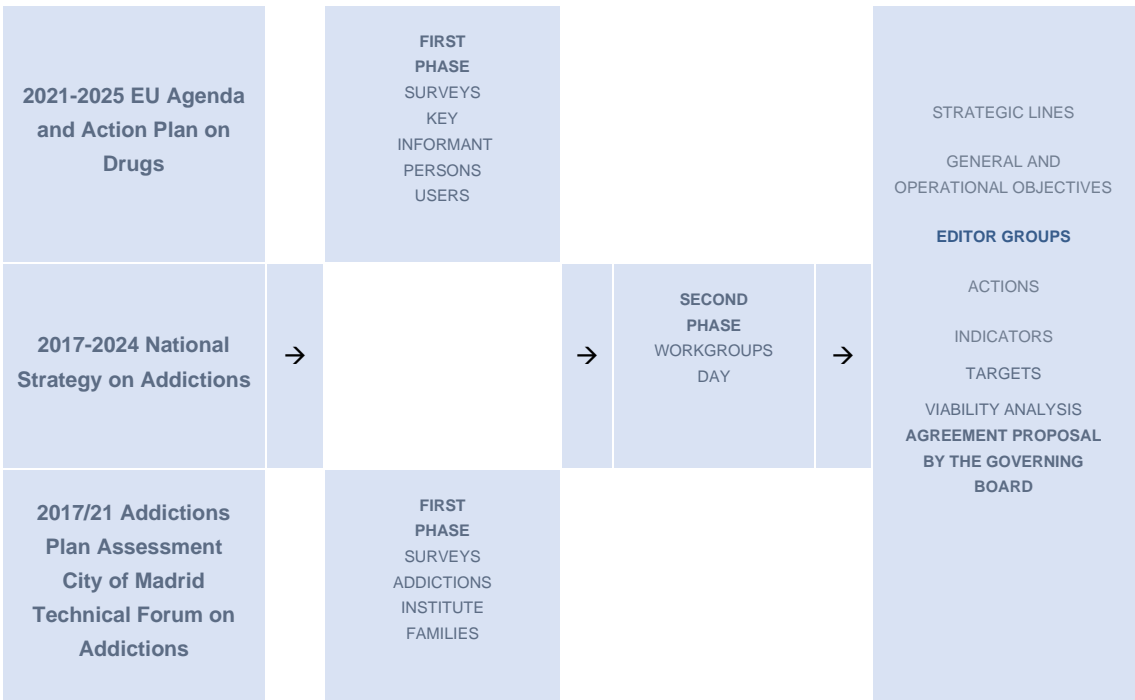
With regard to prevention and treatment of minors, Organic Law 4/2015 of 30th March on the protection of citizens' safety <https://www.boe.es/buscar/pdf/2015/BOE-A-2015-3442-consolidado.pdf> establishes that *“the fines for minors owing to the committing of offences involving consumption or possession of illegal drugs... may be suspended if the offenders or their legal representatives request access to treatment or rehabilitation, and if required re-education activities”*.

4

2022-2026 ADDICTIONS PLAN PREPARATION PROCESS

The 2022/26 Addictions Plan was based on several previous documents such as: the 2021-2025 EU Agenda and Action Plan on Drugs, the 2017-2024 National Strategy on Addictions and the 2017-21 Addictions Plan Assessment which was presented at the City of Madrid's Technical Forum on Addictions (*Foro Técnico de Adicciones*).

Plan preparation process



One of the pillars of this Plan is the vocation to serve citizens and the representative inclusion of all collective groups related to the service. In order to fulfil this commitment, establishing a participative process that took the ideas of all the relevant players into account regarding addiction was put forward.

This first step to achieve this was to form a coordination group for the process which set out a timeline. First of all, reviewing the previous plans and other important documents on addictions plans was proposed, including the current addictions situation and drawing out possible new areas of action. This report was shared with a new work group consisting of the coordination group and department heads. A number of surveys and interviews were defined to deal with addiction related subjects in depth and the key informants to be targeted were selected in order to compile the most information.



The key informants belonged to different public administration departments, tertiary sector organisations who work with the Addictions Institute, different areas in Madrid's City Council, trade unions, municipal political parties, scientific societies and experts on the subject. Moreover, personnel at the Addictions Institute took part, people who receive treatment and family members of addicts.

Collaborating entities in the participative process

National organisations: National Drugs Plan; Spanish Monitoring Centre for Drugs and Addictions (*Observatorio Español de las Drogas y las Adicciones*, OEDA).

Scientific societies and universities: Sociedad Española de Patología Dual, SOCIDROGALCOHOL, School of Psychological Sciences and the Turner Institute for Brain and Mental Health at Monash University and University of Santiago de Compostela.

Municipal political groups: Ciudadanos and Más Madrid political groups.

Trade unions: Unión General de Trabajadores (UGT), Comisiones Obreras (CCOO) and Sindicato Independiente.

City Council areas: City Council areas: Sub-directorate General for Social Services and Social Emergency (*Subdirección General de Servicios Sociales y Emergencia Social*); Directorate-General for Equality and Gender-Based Violence Policies (*Dirección General de Políticas de Igualdad y Contra la Violencia de Género*); Government Area for Families, Equality and Social Welfare (*Área de Gobierno de Familias, Igualdad y bienestar Social*) (Directorate-General for the Elderly -*Dirección General de Mayores*; Directorate-General for Social Inclusion -*Dirección General de Inclusión Social*; Directorate-General for Families, Childhood, Education and Youth -*Dirección General de Familias, Infancia, Educación y Juventud*); Government Area Spokesperson, Security and Emergencies (*Área de Gobierno Portavoz, Seguridad y Emergencias*) (General Security and Emergencies Coordinator - *Coord. Gral. de Seguridad y Emergencias*; Directorate-General for the Municipal Police Force - *Dirección General de la Policía Municipal*; Directorate-General for Emergencies and Civil Defence - *Dirección General de Emergencias y Protección Civil*; Madrid Salud Management), Employment Agency -*Agencia para el Empleo*, and Occupational Training Management Service -*Servicio de Gestión de Formación Ocupacional*.

Municipal district councils: Puente Vallecas, Carabanchel, Chamartín, Moratalaz, Latina, Villa Vallecas, Moncloa-Aravaca, Villaverde, Ciudad Lineal, Tetuán, Centro and San Blas-Canillejas.

Other public organisations: Regional Mental Health Coordination Office (*Oficina Regional de Coordinación de Salud Mental*) (Region of Madrid); *Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências*; Public Health Agency of Barcelona (*Agencia de Salud Pública de Barcelona*), Addiction Prevention and Care of Barcelona City Council -*Prevención y Atención a las Adicciones Ayuntamiento Barcelona*; Directorate-General for Public Health and Addictions - *Dirección General de Salud Pública y Adicciones*. Health Council of the Autonomous Region of Murcia.

NGO's: RED CROSS (Region of Madrid), CÁRITAS Madrid, APAL, FERMAD, RIOD and FEMP.

Based on the information compiled from the different sources, 7 work groups were organised in order to put forward operational objectives and actions in the areas that were selected for their novelty or need for debate. This work was carried out on a day with participation by the

personnel and entities comprising the Addictions Institute. This participative process was essential in defining the strategic lines and selecting the relevant objectives and actions.

The survey for the Addictions Institute's personnel consisted of 15 items which evaluated the importance of the addiction related areas and the action by the Addictions Institute regarding those areas. Moreover, a section was left blank for the personnel to write down their ideas on any matters that they believed were important but which were not included in the survey. 105 people replied to the survey, accounting for almost 52% of the Addictions Institute's workforce, a figure much higher than that of previous occasions.

The consultations with people who receive treatment were included in the CADs' satisfaction study, included in the service charter. This survey included 360 people in June 2021.

Moreover, interviews with relatives of people who had received treatment with semi-open responses was conducted so that they could state the importance of addiction related issues and could put forward others that they believed were relevant or that had not been included.

A survey with the collaborating entities was conducted. The sample consisted of 21 entities involved in preventing or treating addictions, who replied to a survey consisting of 15 items. The last section was left blank so that they could write about any matters they considered to be important and that should be taken into account.

The municipal political groups, trade unions, City Council departments and Municipal District Councils were given a questionnaire with open questions and a number of closed questions about the importance of certain addiction related subjects.

The key people were selected by the group coordinator and the heads of department. Finally, 14 in-depth interviews were conducted in which 6 forms similar to the above were applied. The selection included experts on: addiction prevention and treatment; addiction management; national and international university teachers and researchers. This stage of the process was carried out in the summer of 2021. The importance given to quality actions based on evidence and the assessment of action is worth noting.

Actions singled out as the most relevant by key informants

ACCIONES RELEVANTES			
Personal del Instituto de Adicciones	Recursos terapéuticos de apoyo al tratamiento y a la reinserción para personas jóvenes y adultas	Intervención en uso problemático de videojuegos, redes sociales y navegación por internet	Aumentar el grado de conocimiento que la ciudadanía tiene del Instituto de Adicciones
Personas en tratamiento	Informar a la ciudadanía de los programas y recursos de los CAD	Facilitar el acceso a recursos de inserción social adaptados a las personas con adicción	Incremento de la intervención terapéutica individual
Familiares de personas en tratamiento	Aumentar el grado de conocimiento que la ciudadanía tiene del Instituto de Adicciones	Incrementar los recursos de tratamiento	Seguimiento de las personas cuando son dadas de alta de los distintos recursos
Entidades	Recursos terapéuticos de apoyo al tratamiento y a la reinserción para personas jóvenes y adultas	Opciones de servicio exclusivo para mujeres	"Intervención en consumo problemático de hipnosedantes" "Intervención en juegos de azar y apuestas deportivas"
Partidos políticos, sindicatos, áreas del Ayuntamiento y Juntas de Distrito	Adicciones comportamentales	Sistemas de evaluación de los tratamientos	Incorporación de actividades de prevención y reducción del riesgo en el entorno del ocio nocturno
Profesionales relevantes en adicciones	Adicciones comportamentales	Sistemas de evaluación de los tratamientos	Incorporación de actividades de prevención y reducción del riesgo en el entorno del ocio nocturno



4.1 Technical Work Groups Day

Based on the compiled data, 7 work groups were designed in order to put forward operational objectives and actions in the areas that were selected for their novelty or need for debate during workdays. The groups consisted of between 12 and 15 people who belong to the technical staff at the Addictions Institute, the different collaborating entities and experts on addictions. The work was carried out on the 4th and 5th of November 2021.

The 7 groups were as follows:

- 1- Actions to increase awareness among citizens about the Addictions Institute's centres, programmes and resources. Actions regarding the joint work with resources from other Administrations or Areas.
- 2- Therapy support resources to treat young people and adults. Resource options exclusively for women.
- 3- Actions and resources to improve socio-relational and labour integration by young people and adults.
- 4- Action to deal with gambling and excessive screen time (videogames, social media and internet browsing).
- 5- Diversification of risk prevention and reduction activities in leisure environments (nightlife, parties, open areas and leisure and entertainment establishments).
- 6- Action on resources for harm reduction.
- 7- Assessing treatment, adherence to treatment and post-discharge follow-up. Training and Research.

Many different actions that are set out in the operational plan were defined through this collaborative work.

4.2 Assessment of the 2017-2021 Addictions Plan

A fundamental part of preparing the 2022-26 Addictions Plan is to identify the most efficient and effective actions and resources, and the areas in which new initiatives are to be implemented. Assessment of the 2017-21 Addictions Plan is fundamental to achieve this (<https://madridsalud.es/wp-content/uploads/2021/12/INFORME-FINAL-PlanAdicciones.pdf>), which was presented at the Technical Forum on Addictions on 15th December 2021.

During the 2017-2021 period, implementing the actions for comprehensive prevention and care for youths, adolescents and their families was a priority, and also reducing the harm and ensuring comprehensive treatment for addictions (including gambling and excessive screen time problems and disorders: videogames, social media and internet browsing), with the

achievement being the highest possible degree of health, wellbeing and social and labour integration of people and affected social groups.

Awareness and information for citizens on the prevention of addictions was promoted through the Addictions Prevention Service's (PAD service) (*Servicio de Prevención de Adicciones (servicio PAD)*) website, which has boosted its presence on the internet through Madrid Salud's website and in the main social media. Campaigns such as "*Que no te lïen, apostar no es un juego*" ("Don't get hooked, betting is a fool's game") were implemented along with information modules addressing citizens and social media profiles (Facebook, Twitter and Instagram, in addition to a YouTube channel on which messages on the prevention of gambling disorders go viral). Online training for staff also underwent a major boost through new courses.

District projects have been promoted with actions adapted to the specific needs of certain zones in the city, coordinating strategies, actions and services through networking and permanent interaction with the resources established in the area and working through Municipal Councils: "*QuiereT Mucho*" in the Vallecas districts (Puente Vallecas and Villa Vallecas), Youth Centre for addiction prevention through leisure in the San Blas-Canillejas district, Proximity Care Programme for adolescents and youths with addictions or at risk in the Centro district (Embajadores neighbourhood). Moreover, during the same period a new programme to prevent and act on gambling disorders was implemented, targeting young people in the Carabanchel, Latina, Tetuán and Usera districts, known as "*La Contrapartida*."

As for comprehensive care for adolescents and youths, the prevention and family guidance resources have been increased, and also the number of personnel in the team providing services for adolescents and youths at the CADs. Additionally, a new day care centre has been opened for adolescents and youths, and job preparation workshops and labour guidance services for young people have been bolstered.

Regarding treatment for addicts and their families, efforts have been made regarding measures to improve the gender focus and intervention in cases of gender-based violence at the CADs, including workshops on the prevention of gender-based violence against males and females. Treatment with medication for people with opioid addictions has been diversified. Care targeting chemsex users has been made more flexible, combining specialist addiction therapists with sexual health workshops and alternatives for healthy leisure in order to cater to the diversity of consequences that the consumption of drugs for sexual purposes can have, and to be able to prevent it, reduce the risks and apply comprehensive treatment. A network of support centres for comprehensive treatment in the form of internment is maintained: dual pathology centre, alcohol detoxification unit, treatment support flats and rehabilitation in therapy communities. The Socio-labour Integration Programme is strengthened with the Labour Guidance Service (*Servicio de Orientación Laboral, SOL*), the new job preparation workshops and employment workshops agreed between the Employment Agency and the Judges Counselling and Aid for Arrestees Service (*Servicio de Asesoramiento a Jueces y Atención al Detenido, SAJIAD*).

Care for the most vulnerable people such as homeless addicts has been bolstered. In regard to reducing harm, Proximity Care Programmes were implemented in different districts (San Blas, Latina, Embajadores and Villa de Vallecas) and a new Harm Reduction Centre for Addicts



(*Centro de Reducción del Daño para Personas con Adicciones*) in La Cañada Real was also implemented, which provides psychosocial care through the providing of basic services. Furthermore, the Support Programme for the Care for the Homeless Network has been enhanced with an increase in personnel at the CADs to implement the programmes to reduce the harm caused by alcoholism and other addictions at the care for the homeless network centres. The Night Socio-healthcare Centre (*Centro de Atención Sociosanitaria Nocturno*) has improved its facilities in order to offer more and improved services and to reduce the risks associated with drug consumption. The Community Mediation Programme has increased its actions in areas of general concern due to the ongoing concentration of people with addiction problems in certain public areas.

Coordination in the municipal area and other areas under the competence of Madrid's City Council were improved through different plans and forums. The Technical Forum on Addictions, the main participant that guarantees the operability of the Addictions Plan and coordination, has been meeting annually. The five technical working committees have been working on: Family, adolescent and youth care, homeless drug addicts and other groups at risk of exclusion, social integration and employment, and the gender perspective of addictions.

In relation to the actions to promote quality at all levels within the organisation, attention is brought to fulfilment of the commitments and indicators in the Service Charter and satisfaction surveys. Likewise, the Addictions Service Charter has been certified by AENOR (Standard UNE 93200. Client Service Charter).

As for ongoing training of our personnel, all the training actions defined in the Annual Training Plan have been implemented, which were established as necessary by the Training Committee, and also increasing the training of intern students on Degree and Postgraduate degree courses at different universities, mainly public, and also rotations of resident general and psychology doctors from different Health Centres.

In short, throughout this period the goals that were set for this Plan have been achieved to over 95% and the overall initial budget for the period has been increased by 15%, with implementation thereof at over 95% during each year in the period, in accordance with the commitments by Madrid Salud to continue its firm vocation to public service, providing quality services and striving to improve.

Such a favourable assessment that was obtained through these actions means we need to continue along the same action lines in the new Plan, taking into account the improvements defined in the participative process.

5

PLAN'S GUIDING PRINCIPLES AND CRITERIA

5.1 Principles

The guiding principles and criteria of the City of Madrid's Addictions Plan are the basis of all the action it performs. They allow adapting the actions to the evolution of addictions and ensure ethical responsibility in the services we provide to citizens at all times.

Commitment to Ethics

The actions carried out under this Addictions Plan will take into account human, autonomy, justice and safety ethics, and also the respect for human rights. The City of Madrid's Addictions Plan is aligned with the 2030 Agenda and its Sustainable Development Goals.

Comprehensive Approach

Understanding addictions as a complex, multi-causal and multi-factorial phenomena. Actions will be applied through a bio-psycho-social model, both regarding prevention and care and rehabilitation of addicts.

Universality and Equality

Providing access to prevention, care and social integration to all the population under equal conditions and without discrimination, through a public service according to people's needs, paying special attention to the more vulnerable social groups.

Intersectorality

To promote coordination and cooperation among the different public networks, institutions and social organisations in order to design adapted quality responses based on evidence.

Integration and Standardisation

The processes that are carried out will have the ultimate goal of achieving the highest possible degree of social integration. Priority will be given to the use of existing standardised resources and promoting maintenance or recovery of family and social bonding.

Adaptability and Innovation

To monitor social changes and other changes involving addictions, in order to identify emerging needs and to be able to design adequate responses for them.

Quality and Scientific Evidence

The actions by the Addictions Institute focus on continuous improvement, striving to meet user satisfaction, efficiency and effectiveness through training, research and continuous assessment processes. The actions carried out under this Plan will be based on scientific evidence.



Gender Perspective

The programmes, services and actions that we carry out will be adapted to the characteristics and needs differentiating between men and women in their gender roles.

In line with the 2017-2024 National Drugs Plan's Agenda and Action Plan, the gender perspective involves three lines of work:

- Incorporate gender conditioning factors and their consequences in the analyses explaining addictions.
- Promote treatment centred on women and their addictions.
- Promote comprehensive care and resource coordination for women who suffer gender-based violence.

Moreover, all the indicators referring to people will be itemised by sex, including gender indicators to identify gaps and reduce them.

Identity Diversity Perspective

The necessary measures to facilitate access and care for people with different identities will be implemented (sexual orientation, functional diversity, ethnicity, culture, language, etc.) so that care can be provided according to their needs.

Reducing Stigmas

The stigma associated with addictions comprises an obstacle for the people who suffer from them. Therefore, this Addictions Institute will proactively promote a change in the perception of this stigma through information and awareness among the general population and healthcare workers. The use of appropriate, non-offensive language will be encouraged in order to avoid discrimination.

5.2 Mission

The City of Madrid's Addictions Plan has the mission of avoiding or reducing addiction problems among the population of Madrid, and other harms and consequences that affect addicts, their families and social environment and the community as a whole.

6

STRATEGIC LINES AND OBJECTIVES

6.1. Strategic lines

Planning the actions to implement in this Plan in order of achievement of the objectives will be guided by a number of directives or strategic lines as follows:

Strategic line 1: Prevention of addiction related risks

- Raise awareness, inform and educate the general population, and adolescents and youths specifically about addiction prevention, and also to enhance the visibility and accessibility of the Addiction Institute's resources.
- Promote selective prevention actions targeting adolescents and youths, their family members and other role model adults to increase the perception about risks and to delay the age when young people start to experiment with substances or other addictive activities.
- Promote early detection and proactive education of adolescents and youths at risk of addiction.

Strategic line 2: Comprehensive care for adolescents and youths, including those in situations of risk and those who meet addiction criteria.

- Provide adolescents and youths with comprehensive care, including those in situations of risk and those who meet addiction criteria through Addiction Care Centres.
- Provide specific, comprehensive care resources for adolescents and youths.
- Provide the relatives of adolescents and youths with preventive actions and/or therapy.

Strategic line 3: Reducing the risks and harm associated with addictions.

- Guarantee the availability of detection, educational and harm reduction resources and services for active consumers.
- Promote environmental prevention measures.

Strategic line 4: Comprehensive treatment of addicts.

- Provide comprehensive treatment for addicts through the Addiction Care Centres network.
- Provide socio-relational and job integration for patients through activities targeting the development of their social, cultural, educational and labour skills.
- Guarantee the availability of a hospital and residential therapy network to support comprehensive treatment.



- Promote specific comprehensive treatment actions for women.
- Provide action for homeless addicts at the Addictions Institute network and at the network of care for homeless people.
- Offer the necessary care, support and guidance to families of addicts.

Strategic line 5: Care and prevention of addiction to gambling

- Prevent conducts of risk and addiction to gambling and videogames through awareness and other preventive activities.
- Comprehensive, specialist treatment for affected persons and their families.
- Specific actions in more vulnerable areas.

Strategic line 6: Coordination and networking

- Develop and improve coordination strategies with stakeholders.
- Develop the coordination functions of the Technical Forum on Addictions.

Strategic line 7: Quality and continuous improvement.

- Guarantee and promote quality at all levels of the organisation, updating and assessing the processes and services provided through establishing management indicators and quality standards.
- Effectively and efficiently manage the services in a participative, transparent way, continuously improving them and being accountable to citizens.
- Promoting the development of knowledge: training, research and teaching.



7

PREVENTION OF ADDICTION RELATED RISKS

The Addictions Institute is committed to carrying out preventive actions targeting adolescents and youths in the City of Madrid, their families and other adult role models (selective and indicated prevention), without detracting from its responsibility to fulfil its commitments to citizens through awareness and information actions (universal prevention).

7.1. Background

The preventive actions implemented by the Addictions Institute mainly target the adolescent and youth population, since these vital stages in development are decisive for their personal development, and it is at these times that learning takes place and skills, habits, beliefs and values are acquired that will define their personality, emotional stability and, in general, the maturing process that will affect their conduct and future balance.

The prevention model implemented by Madrid Salud's Addictions Institute features directives on Environmental Prevention, carrying out its actions in the natural environments of adolescents and youths: family environments, schools and community resources, meeting points for young people for leisure and other areas in the different districts and neighbourhoods.

The actions all form part of a whole, linking up universal strategies such as awareness and information, with more specific actions to respond to addiction related needs (consumption of alcohol or other substances, excessive screen time, social media, videogames and/or gambling), at any time during the process and in regard to any target population (adolescents and youths, families, other adult role models).

7.2. General objectives

- Raise awareness, inform and educate the general population, and adolescents and youths specifically about addiction prevention, and also to enhance the visibility and accessibility of the Addiction Institute's resources.
- Promote selective prevention actions targeting adolescents and youths, their family members and other role model adults to increase the perception about risks and to delay the age when young people start to experiment with substances or other addictive activities.
- Promote the right prevention measures through early detection and proactive education of adolescents and youths at risk of addiction.

7.2.1. Raise awareness, inform and educate the general population, and adolescents and youths specifically about addiction prevention, and also to enhance the visibility and accessibility of the Addiction Institute's resources

The Addictions Institute is growing towards more accessible channels in new digital environments in order to reach a higher number of people. Digital spaces open up multiple information, guidance and direct help channels to citizens regarding any queries, doubts or problems related to addictions, bringing network resources to the population, particularly regarding prevention and early intervention on addictions.

The **website** www.serviciopad.es provides valuable information on the prevention of addictions, emphasising the warning signs and signals that could help early detection of problems. It also features direct links to the Addiction Care Centres. The website mainly targets family members and professionals with interests in addictions among adolescents and young people in their nearby environments. The website www.madridsalud.es also provides information on the network's programmes and treatment, although targeting the adult population. It also has a 24/7 online chat service that provides quick replies and enables an early appointment with an appropriate resource or professional, a Blog for Families, Professionals and Citizens with interesting articles related to preventing addictions, reflections and action guidelines for relatives (managing adolescence, family communication, affection, rules and limits, etc.).

As for training, the PAD Service's website features a Professional Training Room with courses for students and professionals, and a Citizens' Room providing guidelines and orientation for prevention at home.

Moreover, active profiles in different social media are maintained (Facebook, Twitter, Instagram and YouTube) where content adapted to the relevant target public of each channel is uploaded with the aim of catering to the different population groups.

Our prevention campaigns have evolved on the basis of evidence in order to offer objective, quality information on addictions, and also to provide comprehensive care services for addictions (PAD and CAD services) as standardised, accessible socio-healthcare resources.

Prevention in Madrid's City Council's working environment

Madrid Salud is the competent body responsible for acting in the event of problems leading to addictions among municipal personnel. The working environment is a space that is conducive to carrying out prevention actions, and it is also the ideal environment to inform the municipal workforce about the main indicators that can help early detection of the effects of addictions.

The objective of this new stage is to disseminate training actions on prevention and access to treatment among the municipal workforce, thereby enhancing its continuity and updating.

7.2.2. Promote selective prevention actions targeting adolescents and youths, their family members and other role model adults to increase the perception about risks and to delay the age when young people start to experiment with substances or other addictive activities.

Following the directives established by the European Union's 2021-2025 Agenda and Action Plan on Drugs, priority shall be given to selective prevention actions that are suitable for adolescents and youths at risk of developing, or who have already developed addictions, and their families and adult role models (educational and community environment). Likewise, special attention will be paid to the more vulnerable zones and groups. Hence, a prevention model common to the entire City of Madrid is offered, one that is capable of catering to the differences of each district without losing sight of the city as a whole. All actions have a common goal, which is to highlight Madrid Salud's Addictions Institute as a reference in the face of any addiction related risks or problems, so that the resources can be easily identified in regard to any prevention action or specific needs for socio-educational or therapeutic intervention.

Educational and community environment

Actions at schools and other community centres are in response to the need to bring our services closer to adolescents in order to work on addiction prevention through socio-educational guidance/action, where the three areas of work converge: professionals, families and adolescents and youths, and these are the ideal places to carry out this work in a coordinated manner.

It has been proved that early intervention with adolescents, youths and their families helps to avoid addictions or reverse them if they have already started, and this is extremely important as developing addictions compromises their maturing process. Intervention seeks to provide adolescents and youths with the necessary tools to deal with addictions, offering specific solutions at population level in general and to their families and close adult role models.

Prevention teams trained by the Social Education and Family Guidance services are made available. They will apply the prevention programmes in order to raise awareness, detect early and identify alcohol consumption and/or the consumption of other drugs, excessive screentime, social media and videogames, and/or gambling disorders. These teams carry out intensive work in the districts, informing about our services, identifying needs and making the Addictions Institute programmes and actions available in line with the interests and needs of specific areas.

The new plan continues to place emphasis on increasing our cover in order to reach the highest possible number of resources related with the target population in Madrid.

One of the best strategies for selective prevention is conducting **group sessions** through modules that are specially designed and adapted to the characteristics of the target population, which have been evaluated or are under the evaluation process in regard to their effectiveness.



Group sessions for adolescents and youths are held, which are interactive, dynamic and participative, thus permitting a more collaborative atmosphere and facilitating assimilation of new knowledge and tools. Work is based on a model that encourages critical and reflective thinking, providing true, proven information, preventive guidelines and messages in order to increase the perception of risk and reduce the intent to consume or enter into addictive behaviour.

Group sessions for families are also held, for those who are interested in or who have doubts about the prevention of addictions, but also for those who did not detect the situation, who had not considered it to be sufficiently important, or who were unaware of the proper resources. The Family Guidance Service (*Servicio de Orientación Familiar*, SOF) is provided for these purposes. The objectives, beyond the information in itself, and the possibility of resolving doubts, involve providing true information, tools to favour the maturing and development processes of adolescents and youths, and also to implement prevention actions, highlight warning signs, learn about the risk detection and identification strategies and to favour change.

Finally, **group sessions for adult role models** are offered to the educational community and community resources. The priority objective here is to provide them with reliable information on addiction behaviour, to point out the warning signs to help with early detection and their fundamental roles as prevention agents, and if necessary to describe the referral procedure in any relevant cases.

We also work on **district coordination and advice** regarding the situations of adolescents and youths at risk of addiction, promoting our services, raising awareness among professionals and providing early detection tools. It is also important to guarantee participation in these services (forums, round tables, neighbourhood coordinators, etc.) in order to ensure that institutional representatives, social agents and the community itself design joint actions and programmes with common structures and objectives.

This community work leads to initiatives such as the **leisure points** which are held at schools featuring awareness activities, information and participation by students in activities on different subjects concerning adolescents and youths. They are community networking spaces designed and coordinated through the different district boards in conjunction with the schools where they are held.

Finally, different **training actions** for young people are carried out (Drivers, Pre-monitors and Healthcare Agents) and for professionals who work with adolescents and youths (association entity professionals and other community resources, Social Mediators and Municipal Police Force Tutors) related to the risks associated with consumption, excessive screentime, social media and videogames and gambling.

Proximity Prevention Programmes

In order to cater to the diversity and complexity of a city as plural as Madrid is, work in collaboration with the different districts enhances catering to such diversity by adapting the programmes to specific realities. This is how the different territorial balance Plans have been

established as a valuable tool to implement these programmes and to provide services for specific needs whilst benefiting from experience and the lines of work put into practice by IAMS (Madrid Salud's Addictions Institute).

This is also how proximity intervention Programmes have been implemented in the different districts in collaboration with municipal bodies which focus on and adapt to the population in these districts, with the common goal of preventing addictions.

- **Health promotion and addiction prevention programme “*QuiéreT Mucho*” (QTM)**

This is an example of prevention in the community which encourages networking. It arose out of a joint initiative by the Sub-directorate General for Addictions and Sub-directorate General for Prevention and Health Promotion. It began in 2016 and has been joined by other resources in the area:

The programme addresses the adolescent and youth population in Puente and Villa de Vallecas, who are in a more vulnerable situation because of their personal, schooling and social/family situations.

QTM provides information, awareness and proposals on health and creative leisure as an alternative to the consumption of substances and other behaviour entailing risks. Action takes place in socio-educational and leisure contexts to encourage healthy habits, to prevent addictions and to reinforce autonomy by including a gender perspective in all of its activities.

Action takes place both in and out of schools: sessions are held in classrooms on different prevention aspects related to health, using the district resources. Different workshops are held (radio, dance, sports, social skills, youth animation, etc.) and there is participation and promotion of all manner of community activities aligned with the objectives of the programme.

- **Health promotion and addiction prevention programme through sport “*Sembrando Salud*” (Sowing Health) in Puente de Vallecas.**

“*Sembrando Salud*” is a joint programme with JMD Puente de Vallecas which kicked off in October 2020 targeting adolescents and youths in order to guide them towards “non-consumption” or towards less, lower risk consumption, reducing associated harm and contributing to encouraging leisure in which alcohol and/or other drugs are not necessary to have fun. This is carried out through socio-educational informative actions and a proposal for healthy leisure through sport using basic sporting facilities.

- **Prevention through Leisure Youth Centre (*Centro Juvenil de Prevención a través del Ocio*): San Blas Youth Centre (*Espacio Joven San Blas*).**

Targeting adolescents and youths aged between 14 and 17 years in San Blas district, the San Blas Youth Centre holds leisure and workshop activities on prevention of addictions and encourages a healthy lifestyle both at the youth centre itself and in the surrounding area in the district and replicates these actions through social media.



The centre is a meeting point for young people with the aim of responding to their concerns and motivating them through the right channels in order to protect them from the risk of addictions and other harmful conduct. Attention is brought to the organisation and design of innovative, attractive workshops and activities that are agreed with the participants themselves.

- **Proximity Prevention Centre (*Centro de Prevención en Proximidad*): “Embajadores Joven”**

A Proximity Care Centre was opened in the Embajadores neighbourhood in September 2019 for young people at risk of socio-residential exclusion in view of the lack of any support for the Embajadores neighbourhood. It mainly caters to males aged between 18 and 22 years of North African origins who habitually consume hashish, benzodiazepines, alcohol and other substances.

This centre carries out preventive actions, care, guidance, referral, health education and healthy leisure in order to reduce the risks and harm inherent to their vulnerable situations.

- **Youth sports groups.**

The Inclusion Programme for people at risk or addicts through physical and sporting activity is carried out within the framework of the collaboration agreements between Madrid's City Council (General Sports Council (*Dirección General de Deportes*) and Madrid Salud) and the “*Deporte y Vida*” Association.

The main goal is to promote physical activity and sport among young people at risk, providing them with suitable spaces in municipal sports centres.

- **Proximity Prevention Programme: “Villaverde Joven.”**

This new prevention programme (September 2022) for adolescents and youths in the Villaverde district plans to carry out a varied range of community prevention actions through education in the street, training of professionals and promoting positive, healthy leisure activities.

Its main objectives include:

- Promoting outdoor activities with the aim of preventing addictions in natural spaces where adolescents and youths meet, using positive leisure as the main intervention tool.
- Offering a range of varied participative activities using the district's community resources (Cultural centres, sports facilities, etc.) thereby optimising the use of these facilities.
- Detecting and working with any possible cases of adolescents and youths who could be at risk of developing addictions and encouraging them to turn to specialist care with the Prevention Team at Villaverde's CAD.

Risk reduction and environmental prevention actions

- Programme to Reduce risks associated with youth leisure “*Acción Botellón*”

The European Union’s 2021-2025 Agenda and Action Plan on Drugs establishes that an important target group of prevention activities shall be young people in multiple environments, including nightlife.

Madrid’s City Council’s Addictions Institute has a long track record of working with adolescents and youths in the prevention of the consumption of alcohol and/or other drugs in public areas, dating back to 2008 with programmes such as the “*Tarde más joven*” and “*La noche más joven*”. The programme to prevent the consumption of alcohol in open areas in Madrid, known as “*Acción Botellón*” was established in 2017.

This socio-educational programme aims to reduce risks with the following objectives:

- To diagnose the areas where alcohol is consumed by young people in each of the districts in the City of Madrid.
- To raise awareness among young people about risks inherent to drinking alcohol and taking other drugs.
- To reduce consumption in outdoor binge drinking and the risks associated with it.
- To prevent addictions from developing through early detection, and if they already exist, to provide the necessary resources to care for people who require it.
- To encourage healthy lifestyles and provide information and advice about alternative ways to spend free time.

Furthermore, information and awareness actions are conducted with residents in the areas around these zones, and with other adult persons the programme involves (contracted companies, stands, nearby alcohol retailers) and they are given prevention materials.

Throughout these years, the programme has undergone modifications to adapt it to the new scenarios arising from restrictions caused by the pandemic, although without losing sight of the focus on reducing risks.

7.2.3. Promote the right prevention measures through early detection and proactive education of adolescents and youths at risk of addiction

- Interviews prior to counselling adolescents and youths:

The objective of these actions is to identify, contact and motivate adolescents and youths at risk of developing addictions or with addictions in their environment.

These spaces permit a confidential, trust-based approach to resolving doubts, and early detection, proactive intake of cases that will be treated individually (socio-educational or



therapy) at the CADs, with the relevant procedure being described in the following chapter.

- Counselling for adult role models (teachers, professionals, etc.):

The prevention teams provide adult role models at schools and other community resources with a place to resolve doubts, identify profiles and enhance guidelines to motivate people to seek intervention, and to compile the necessary information to refer adolescents to Social Workers and the family to the Family Guidance Service.

Once the case has been identified and referred, suitable preventive action is carried out, which is described in the following chapter.

These Social Workers and Family Guidance Counsellors are therefore the nexus between different prevention actions, namely those related to the educational and community context and those regarding individual intervention, thus continuing a process that has been unified within the Comprehensive Care Programme for Adolescents and Youths.

7.3. Operational planning

1. Raise awareness, inform and educate the general population, and adolescents and youths specifically about addiction prevention, and also to enhance the visibility and accessibility of the Addiction Institute's resources			
OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Establish and develop digital spaces and information channels with citizens	Maintain and update Madrid Salud's Addictions Institute's website Maintain and improve the online chat and telephone service created through the Addictions Institute's website Maintain and update the PAD services' blog for families, professionals and citizens Maintain and update social media profiles Maintain and improve online training Dissemination of information on addictions and the City Council's network's resources for the general population Use of non-sexist language and non-stereotype images to encourage diversity in prevention materials	No. of visits No. of website updates No. of online chats Percentage of care provided in the 3 working days after contact received through the online chat service No. of updates No. of trained professionals No. of publications	At least 90% of the people who contact us through the online chat are attended within 3 working days. At least one new/updated course per year will be held At least six publications per year with information on the prevention of addictions among the general population will be published.
Raise awareness and inform the City Council's workforce on addiction prevention.	Communications informing about the resources to access the treatment network via the City Council's internal channels (AYRE, TEAMS, E-MAIL). Communications informing about addiction prevention via the City Council's internal channels (AYRE, TEAMS, E-MAIL).	Percentage of communications issued in regard to planned communications.	100% of the planned communications or awareness activities will be carried out. Fulfilment of 100% of the actions established in the addictions prevention Programme in Madrid's City Council's working environment.

2. Promote selective prevention actions targeting adolescents and youths, their family members and other role model adults to increase the perception about risks and to delay the age when young people start to experiment with substances or other addictive activities

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Perform selective prevention activities in schools.	Holding group sessions addressing adolescents and young people at schools.	Percentage of schools where sessions are held in regard to received applications.	At least 90% of the received applications for selective prevention actions will be dealt with.
	Holding group sessions for families at schools.		
	Holding group sessions for other adult role models in the educational community and community resources.	No. of participants.	
	Coordination and advice in the educational community on the situations of adolescents and youths at risk of addiction.	No. of counselling sessions.	100% of the planned training sessions will be held.
Include the gender perspective in addiction prevention.	Training sessions for professionals and volunteers in regard to the gender perspective of addictions.	Percentage of training sessions regarding the gender perspective in regard to planned sessions.	
	Preventive intervention regarding the gender conditioning factors and their consequences in addictions.		An annual assessment and analysis of the gender perspective in interventions will be conducted, with quantitative and qualitative indicators.
	Specific prevention actions for women.		
Perform prevention in the community.	Presentation of prevention services, programmes and actions for entities and resources in the 21 districts.	No. of presentations for entities and resources.	The prevention services and actions will be presented in all of the 21 districts.
	Coordination and advice in the district fabric on the situations of adolescents and youths at risk of addiction.	No. of counselling sessions for entities.	100% of the requests for advice will be replied to.
		Percentage of counselling sessions for district entities in regard to those requested.	
	Training actions for mediators.	No. of trained mediators.	
	Prevention actions conducted in the districts targeting adolescents and youths.	No. of youths and adolescents who take part in the preventive actions in the districts. No. of youths and adolescents who take part at the recreation points.	
Specific proximity prevention programmes.	Health promotion and addiction prevention programme "QuiereT Mucho" (QTM) Vallecas.	No. of participants.	
	Health promotion and addiction prevention programme through sport "Sembrando Salud" (Sowing Health) in Puente de Vallecas.	No. of participating persons.	
	Prevention through Leisure Youth Centre: San Blas Youth Centre.	No. of participating persons.	
	Proximity Prevention Centre: "Embajadores Joven"	No. of participating persons.	
	Inclusion Programme for people at risk of developing addictions or with addictions through physical and sporting activity.	No. of participating persons.	
	Villaverde Proximity Prevention Programme.	No. of participating persons.	
	Promote new proximity prevention programmes.		

2. Promote selective prevention actions targeting adolescents and youths, their family members and other role model adults to increase the perception about risks and to delay the age when young people start to experiment with substances or other addictive activities

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Holding of environmental prevention and risk reduction programmes.	<p>Programme to Reduce risks associated with youth leisure "Acción Botellón."</p> <p>Promote prevention programmes in leisure environments.</p>	<p>Percentage of assessed and notified indicators for each programme in regard to those requested by the districts.</p> <p>No. of actions carried out.</p> <p>Percentage of actions at leisure events or environments in regard to those planned with the districts.</p>	<p>100% of the forecasted indicators and the indicators requested by the districts will be assessed and notified.</p> <p>100% of the activities planned with the districts will be held.</p>

3. Promote early detection and proactive education of adolescents and youths at risk of addiction

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Identify, contact and motivate adolescents and youths at risk of developing addictions or with addictions, in their environment.	<p>Hold interviews prior to counselling adolescents and youths.</p> <p>Counsel adult role models (teachers, professionals, etc.).</p>	<p>No. of interviews conducted.</p> <p>Percentage of interviews conducted in the 3 working days after the request.</p> <p>No. of counselling sessions/coordinated activities.</p> <p>Percentage of counselling sessions conducted in the 3 working days after the request.</p>	<p>At least 90% of the prior interviews will be carried out within three working days.</p> <p>At least 90% of the counselling sessions will be carried out within three working days.</p>

8

COMPREHENSIVE CARE FOR ADOLESCENTS AND YOUTHS, INCLUDING THOSE IN SITUATIONS OF RISK AND THOSE WHO MEET ADDICTION CRITERIA

The Addictions Institute undertakes to design a comprehensive care programme for adolescents and youths with addictions or at risk of developing addictions, with the characteristics, procedures and resources adapted to this population group, different from the one targeting adults. This strategic line of action includes care for families and the network of support resources to tackle different situations related to adolescent and youth addicts.

8.1. Background

The continued care for adolescents and youths was determined through the design of the specific work process included in the 2017/21 Addictions Plan by Madrid Salud's Addictions Institute.

One of the Addictions Institute's priorities is the comprehensive care for adolescents and youths showing conducts of risk of developing addictions or some degree of addiction, developing a process of ongoing care that includes prevention, treatment and rehabilitation actions that best adapt to each situation. This care is characterised by its agile response, ensuring action is carried out in environments that are as natural and ecological as possible, identifying the specific care needed and which will be best accepted by adolescents or youths.

8.2. General objectives

1. Provide adolescents and youths with comprehensive care, including those in situations of risk and those who meet addiction criteria through Addiction Care Centres.
2. Provide specific, comprehensive care resources for adolescents and youths.
3. Provide the relatives of adolescents and youths with preventive actions and/or therapy.

8.2.1. Provide adolescents and youths with comprehensive care, including those in situations of risk and those who meet addiction criteria through Addiction Care Centres

Comprehensive care targeting adolescents and youths in the City of Madrid, aged 24 years or less, who have risk factors or personal, family, social or cultural circumstances making them particularly vulnerable to addictions whether this is through the consumption of



substances or other addictions related to information technology, communication and leisure (TICO), or gambling and other forms of betting.

Care is considered to be ongoing quality actions, following protocols and based on evidence which are designed to be used in any situation involving adolescents or youths in regard to addictions, and therefore employing actions adapted to their characteristics, needs and demands in line with the level of risk, the degree of severity and the characteristics of their environments. Other variables such as the **developmental moment** in which the adolescents and youths are found and the **motivation** will determine the speed of intervention and the strategies that are employed. Moreover, special emphasis on a **gender approach** will be used when intervening.

The **comprehensive care process** for adolescents and youths starts in their environments (schools, social and healthcare resources, tertiary sector entities, etc.) through the PAD Service (Addictions Prevention Service) consisting of the Social Education Team (early detection, intake and intervention) and the Family Guidance Team (preventive family intervention) and continues with the CADs and their specialist teams of medical, psychology, nursing, occupational therapy professionals and social workers specialising in adolescents and youths. The initial assessment of the situation of the adolescents or youths aims to define a **situation profile** based on a number of items described for conduct problems and affected areas, which are encompassed in the following fundamental blocks:

- **Age.**
- **Conduct problem.** Consumption of alcohol and/or other drugs, excessive screentime, social media and videogames, or gambling and/or gambling disorders. The situation will be defined on the basis of the evolution, intensity and periods of abstinence.
- **Affected areas:**
 - daily habits and activities
 - personal relationships
 - emotional baseline status
 - legal situation
 - psychopathology

Three **situation profiles** are defined by means of a matrix which permits properly defining the required care (who, where and how to intervene), and this guides the diagnosis and evaluation process and sets the priority objectives of the Personalised Intervention Plan. The said profiles are as follows:

- **Mild risk:** people in situations of risk or vulnerability without showing conduct problems or when such is detected in the early stages, the areas are either not affected or are minimally affected.
- **Moderate risk:** people who have active conduct problems that have evolved over a short period of time and one or more areas are affected. No signs of severity in the affected areas or conduct problems.
- **Serious risk of developing addictions:** people who show active conduct problems and/or some areas are affected, or when the conduct problems involve the possibility of an addiction disorder.

Based on these profiles, and also in general terms, **two major intervention modalities** can be defined: socio-educational prevention actions, inherent to the first profile, and therapeutic intervention for the third profile. Mixed intervention work will be designed for intermediate profiles in accordance with the conduct problem and affected areas.

Preventive intervention

This is the set of actions with the aim of achieving motivation and willingness to make a change in the risk conduct through socio-educational intervention. Work is carried out to guide the person towards change through development, relational skills, beliefs, attitudes and values, behaviour and habits, etc. with the aim of ensuring they become competent to autonomously face their life circumstances and maintain their guidance and changes in view of possible risks and addictions.

In order to give structure and coherence to actions, an “Individual Intervention Manual” was issued in November 2020 setting out in a structured manner detailed objectives, functions and actions involved in individual intervention by social education professionals.

The risk intervention **objectives** are as follows:

- Getting adolescents and youths onboard for intervention through the adolescent and youth Team and motivating them.
- Increasing their perception of risk and changing their attitudes towards addictions.
- Highlighting and identifying risk situations or vulnerabilities associated with conduct problems.
- Providing tools to avoid or reduce conduct entailing the risk of developing addictions and encouraging changes in that behaviour.
- Educating and re-educating on healthy habits regarding the different areas that affect their lives such as everyday routines and activities, personal relationships and moods.

- Encouraging and promoting personal skills and resources to protect them against addictions. Reinforcing personal engagement in the process and the positive aspects of their social environments.
- Performing appropriate referral to the Sub-directorate General for Addictions' network's resources.

Group intervention with adolescents and youths comprises another fundamental tool. Participation with other external agents to complement interventions can be carried out with these groups in order to guarantee comprehensive, multidisciplinary work with adolescents and youths (Community Health Municipal Centres (CMSc), International Youth Organisations (OIJ), Youth Centres' drivers, Equality Agents, social workers who work with adolescents and youths, leisure resources, etc.).

The **objectives** of these groups are:

- Linking adolescents and youths with the CAD.
- Encouraging participation, integration and interrelations.
- Highlighting and identifying risk situations associated with conduct problems.
- Willingness to make the necessary changes to risk behaviours.
- Educating and re-educating on healthy habits regarding the different areas that affect their lives, values and attitudes.
- Encouraging and promoting personal and social skills.

Therapeutic intervention at the CADs

This intervention takes place when the situation profile indicates that there is already an addiction with different affected areas. It is carried out by the CAD interdisciplinary team. From a therapeutic point of view the following treatment objectives are established:

- Establishing a **diagnosis of addictive behaviour**. A diagnosis of a disorder related to substances and/or addictive disorders will be carried out in accordance with current DSM and/or ICD criteria. In order to further complete the diagnosis, information is compiled through bio-psycho-social assessments which could be affected and could have an influence on the evolution of the addiction disorder.
- Implementing a **Personalised Intervention Plan (PPI)** This is a dynamic process that is carried out in conjunction with the adolescent or youth and their families, providing that this is included in the therapy process. In addition to the diagnosis, the objectives that will be worked on during treatment are included, such as the Treatment Plan, i.e., implementation of the PPI defining the strategies, resources and actions to be implemented in order to achieve those objectives. The PPI includes treatment strategies that are adapted to the diagnosis and other specific interventions depending

on certain differentiating characteristics and needs such as dual pathology, situations of severe social exclusion, cultural and language differences, etc. Treatment may be individual or in groups.

Individual intervention may include the following strategies:

- Guidance on stopping addictions: in order to ensure lower risk, maximum reduction of consumption or withdrawal when substances are consumed; or stopping the behavioural addiction if it is related to gambling or TICO.
- Guidance to reduce addiction related risks: through health education for adolescents, youths and their families, correcting false beliefs and myths, encouraging healthy habits related to hygiene, nutrition or unsafe sexual conduct (STD, unintended pregnancy).
- Guidance to consolidate key aspects in the maturing process during this stage of adolescence, providing tools to cope with addictive behaviour and treating behavioural disorders.
- Guidance on recovering and maintaining suitable family and social relations, ensuring proactive organisation of free time and/or enjoyment of healthy leisure. The intervention strategies in the family environment aim to reinforce the role of the family and its functionality as a key support and backing for adolescents during their care process.
- Guidance on normalising schooling/work.
- **Referral to specific resources** for adolescents and youths. Sometimes treatment support resources are required to provide adolescents or youths with a more controlled space and more intensive care treatment.
- **Coordination with other entities.** Coordination to unify lines of action with other resources involved in the treatment process of adolescents and youths is indispensable. Coordination with Primary Healthcare, Mental Health, Social Services, legal support resources, judicial agents, penitentiary institutions, etc. is carried out.

As for group intervention, this addresses the objectives set out in the PPI in the psychoeducational, psychotherapeutic, health and occupational areas. It is designed to adapt to the different developmental moments or dimensions of addictive conduct.

In the case of adolescents and youths, this intervention is particularly important because of the bonds and adherence to treatment it creates through identification of their peers, whilst also facilitating active listening and encouraging learning among equals.

8.2.2. Provide specific, comprehensive care resources for adolescents and youths

There are specific actions and services for this population which include:



- In collaboration with the General Sports Council, some sports groups are set up in areas using the Municipal Sports Facilities to encourage **healthy leisure**. We will continue to work along the lines of healthy leisure as an alternative to consumption or gambling through our own activities and others that are coordinated with other general directorates or districts.
- **Pre-labour training workshops** to facilitate **social and professional integration** for adolescents and youths aged between 16 and 24 years at risk of social exclusion who are undergoing preventive intervention or comprehensive care at the CADs. These workshops (electricity, motorcycle mechanics, basic kitchen and catering services, hairdressers' and beauticians' assistants and basic carpentry and restoration) combine a training period with another employment period.
- There is a specific **Day Care Centre** for youths and adolescents. This resource is a space for treatment that provides intensive care combining a comprehensive approach, psychotherapeutic interventions and psychoeducational and occupational therapy. If necessary, psychiatric diagnoses are performed followed by subsequent monitoring. Personalised treatment is designed for each of the four intervention programmes (substances, gambling, ICT and dual pathology), adapting to the characteristics, needs and possibilities of the patient (hours and days for attendance at the centre; individual and/or group care, workshops, groups and courses). The actions and activities that are carried out at the centres include: group therapy, psychotherapeutic care and/or individual psychiatric care, parent - child mediation, health and self-help groups, training courses and workshops, sporting, cultural and leisure activities.
- Even though it is not a specific resource for adolescents and youths, the **Dual Pathology Unit** at Madrid Salud's Addictions Institute is a resource assigned to treat people who have a dual pathology requiring temporary internment to stabilise their situations, and this resource has seen a growing number of young people aged between 18 and 25 years requiring treatment. We have established a specific intervention programme with shorter internment periods than for adults.
- A procedure for **Intervention of Young People Detained in the Duty Courts** of Madrid was implemented in 2016. The purpose of this work is to identify young persons aged between 18 and 24 years who have been detained at the Duty Courts in Plaza de Castilla with problems related to alcohol consumption or other drugs, so that once they are released and have shown the right motivation in the courts, they can be referred to the Prevention Services of the Addictions Institute. With this quick, specialist intervention, the aim is to prevent the consolidation of addictive or criminal conduct in this type of juvenile population.

8.2.3. Provide the relatives of adolescents and youths with preventive actions and/or therapy

Intervention with the families of adolescents and youths has a dual-perspective approach, as does the rest of the programme:

Preventive intervention

In the case of preventive intervention, the Family Guidance Service (SOF) is provided, which addresses the families and/or legal guardians of adolescents and youths aged under 25 years, in cases where addiction has not been established and there are no signs of serious addiction.

The Family Guidance Service (SOF) consists of a team of psychologists with experience in the prevention of addictions and family contexts, who are a part of the multidisciplinary team of the Comprehensive Care Programme for adolescents and youths at each CAD. They are mainly the initial point of contact for family members and are in charge of addressing these situations from a preventive perspective. This type of intervention is not an isolated action, but rather it is part of the coordinated intervention work carried out with adolescents and youths and is a transition to family therapy when the case goes beyond preventive work.

This **Family Guidance** model is based on evidence and is implemented through the “Short Addictions Prevention Intervention Programme in the Family Environment,” which provides personalised care via the telephone service or social media which is easily accessible. It is addressed from a psychoeducational and experiential learning perspective. Families can contact the Family Guidance Service (SOF) on their own initiative or may be referred by schools or community resources in the event of doubts, suspicions, detection of risk situations or addictive conduct by the adolescent or youth.

Intervention takes place individually with the possibility of group format support and is carried out within the context of the relevant CAD. It mainly focuses on parents or whoever exercises these functions, regardless of whether or not they live together (e.g., separated parents), providing them with their own space beyond the evolution of the case (although this is done when coordinated work can be carried out), meaning intervention is also applicable in the case of single-parent families.

The programme follows a standardised, assessed protocol and is based on a number of **principles** that dictate how it functions:

- Supported by validated theories, scientific evidence and the principles of positive parenting.
- Importance of family engagement as an indispensable factor at any age and mandatory in the case of minors.
- Respect for family diversity and the complexity of the task to be carried out by the parent figures.
- Defence of the right by all families to receive care and counselling, and to receive quality, specialist support.

The main **objective** is to provide the family members of adolescents and youths with the necessary support to develop or adapt their parenting tools and to provide them with educational strategies that avoid, redirect or neutralise risks or addictions and their possible



consequences, thus favouring a family environment that encourages growth, helps to avoid conduct problems and to evolve towards changes in these adolescents and youths.

The main aspects that are covered when dealing with families are related to:

- Improving their knowledge on promoting healthy development of adolescents and youths.
- Emphasising the importance of their role and encouraging change.
- Providing truthful information about addictions that permits establishing criteria adapted to their case and defining their actions.
- Reducing the levels of anxiety or concern about the problem.
- Providing the necessary guidelines to improve or re-establish the family environment and harmony, with consensus between the parents being fundamental to ensure change.
- Identifying beliefs, expectations, educational guidelines and parental skills, or family management in order to change or improve: issues related to implementing rules and limits, dealing with situations of conflict, negotiating and communicating in the family, and showing affection and managing emotions.
- Raising awareness about such matters, encouraging change and providing directions, training and individual monitoring necessary for such.
- Encouraging and reinforcing effective strategies.

Group intervention is another important part in order to support and complement individual work, since this provides benefits that arise in this format in regard to the agility of the process, shared thoughts and also working as a catalyst for motivation and change. It is designed as an open, ongoing group following a sequence of cycles.

This programme features records, indicators and assessment systems which have been designed on the basis of an external assessment conducted by the Miguel Hernández University (Alicante), subsidised by National Drugs Plan (PNSD) between 2018 and 2021. Attention is brought to the design, creation and validation of the Survey on Family Functioning in Madrid (*Encuesta de Funcionamiento Familiar Madrid*, EFFAM) which was designed ad hoc and validated. It has proven to be a reliable, useful instrument that is quick to use in order to assess the effectiveness of work by the SOF, and which has also proved the ability of the programme to bring about significant changes in families.

Another item is the satisfaction questionnaire which is completed at the end of intervention in order to determine the level of satisfaction by the families. The results of this questionnaire report a high or very high level of satisfaction by families.

Therapeutic intervention

Families are a significant factor in regard to protection/risk according to their characteristics and dynamics, and therefore if an adolescent or youth lives with his/her family, this intervention will be a priority.

When a youth or adolescent shows signs of an addiction problem, their families are offered the possibility of continuing the process through therapeutic care.

This takes place at the CAD individually or in groups, or through other resources such as family intervention by FERMAD, by means of a subsidy agreement with intervention in these families as one of its objectives.

This may address:

- **Only the family**, in order to support the family until the youth or adolescent agrees to undergo treatment. The family is where intervention takes place. An assessment is carried out in order to promote family dynamics to favour the future decision by the young person to undergo treatment.
- **Families at the same time as treating the adolescent**. The objective here is to improve family functionality as a therapeutic agent in the recovery process, facilitating the change process in the family with a view to re-establishing the balance and health of the family unit.

The **following objectives** have been defined:

- Developing capabilities to face up to difficulties.
- Restoring hierarchies, increasing the positive authority of parent roles.
- Identifying appropriate methods of communication in the family to recover trust among its members.
- Increasing affection skills in the family so that positive and negative feelings can be properly expressed.

The family joining a group is fundamental in this therapy process since it is there that their emotions can be expressed and they can share experiences, fears and/or expectations with other families in similar situations. Group therapy is carried out with the family, providing that there are no disorders or circumstances that advise against it.

The **working aspects in group therapy** include:

- Characteristics and needs of the developmental moment of adolescence.
- Information on substance abuse/dependence.
- Information on ICTS addictive conduct (social media, online betting, etc.).



- Defining the guidelines for habits in the family environment to work.
- Educational styles (positive parenting). Appropriate rules and limits.
- The significance of addiction symptoms in the family system.
- Managing communication tools.
- Emotional and anxiety management (appropriate expression of feelings).
- Self-care.
- Tackling conflicts.
- Individual and family free time occupation.

8.3. Operational planning

1. Provide adolescents and youths with comprehensive care, including those in situations of risk and those who meet addiction criteria through Addiction Care Centres

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Adapting the Personalised Intervention Plan to the situation profiles of adolescents and youths.	<p>Holding assessment interviews in order to determine the situation profile.</p> <p>Reviewing and updating the youth and adolescent treatment plan.</p> <p>Assessing the profile evaluation tool.</p>	<p>No. of adolescents and youths with a mild situation profile.</p> <p>No. of adolescents and youths with a moderate situation profile.</p> <p>No. of adolescents and youths with a serious situation profile.</p>	<p>The profile assessment tool will be validated, as will its effectiveness and efficiency.</p> <p>A design and follow-up instrument for the unified, assessed treatment plan will be made available.</p>
Offering preventive care to adolescents and youths at risk of addiction adapted to their needs.	<p>Assessment of preventive intervention.</p> <p>Improving the agility, efficiency and effectiveness of care.</p> <p>Updating the group prevention intervention.</p> <p>Enhancing coordination with environmental prevention resources.</p> <p>Improving intervention with a gender perspective.</p> <p>Enhancing actions to increase the detection of and demands by women.</p>	<p>No. of adolescents and youths at risk with individual intervention.</p> <p>No. of adolescents and youths at risk with group intervention.</p> <p>Percentage of adolescents and youths who complete socio-educational intervention fulfilling the objectives in regard to the total number of interventions completed annually.</p> <p>Percentage of adolescents and young women who are attended to in regard to the total number of adolescents and youths on the programme.</p>	<p>At least 80% of adolescents and youths at risk will be attended by a professional within the maximum period of 7 calendar days from initial contact.</p> <p>An annual assessment and analysis of the gender perspective in interventions will be conducted, with quantitative and qualitative indicators.</p>
Offering therapy treatment to adolescents and youths with addiction criteria adapted to their needs.	<p>Updating the individual and group therapy assessment.</p> <p>Assessment of therapeutic interventions.</p> <p>Improving the agility, efficiency and effectiveness of care.</p>	<p>No. of adolescents and youths in individual treatment.</p> <p>Percentage of people who complete treatment with high therapeutic criteria in regard to the total number of interventions completed annually.</p> <p>No. of adolescents and youths in group treatment.</p>	<p>There will be at least one group of adolescents and</p>

	<p>Improving intervention with a gender perspective.</p> <p>Improving attention for adolescent women.</p> <p>Improving integration of adolescents and youths at risk of socio-residential exclusion.</p> <p>Coordination with the Social Services for adolescents and youths at risk of social exclusion.</p> <p>Coordination with the mental health network for adolescents and youths with a serious dual pathology.</p>	<p>Percentage of adolescent and young women in treatment in regard to the total number of adolescents and youths on the programme.</p> <p>No. of young people in workshops, on courses, etc.</p> <p>No. of cases coordinated with the Social Security.</p> <p>No. of cases coordinated with mental health.</p>	<p>youths operating at each of the seven CAD.</p> <p>An annual assessment and analysis of the gender perspective in therapeutic interventions will be conducted, with quantitative and qualitative indicators.</p>
Promoting social integration of adolescents and youths who have had care with normalisation criteria and adapted to their individual social needs.	<p>Performing a training/labour itinerary to favour integration.</p> <p>Coordination with the Employment Agency (Youth Guarantee (<i>Garantía Juvenil</i>)).</p> <p>Healthy leisure groups.</p> <p>Specific pre-labour workshops for young people.</p>	<p>No. of adolescents and youths referred to the Youth SOL.</p> <p>Percentage of adolescents and youths referred to the Youth SOL with a training/labour itinerary in regard to the total number referred.</p> <p>No. of cases coordinated with the Employment Agency.</p> <p>No. of adolescents and youths who are users of alternative leisure resources.</p> <p>No. of adolescents and youths referred to the Youth SOL who take training.</p> <p>No. of training actions.</p> <p>No. of pre-labour actions.</p>	<p>A labour training itinerary will be carried out with 100% of the users referred to the Youth SOL.</p> <p>At least 50% of adolescents and youths at the Youth SOL will be given training.</p>

2. Provide specific, comprehensive care resources for adolescents and youths

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Offering treatment support resources to adolescents and youths with addictions.	<p>Implementation, assessment and monitoring of specific resources for adolescents and youths.</p> <p>Adapting non-specific care resources to adolescents and youths.</p>	<p>No. of users of specific resources for adolescents and youths.</p> <p>No. of users under age 25 of non-specific resources.</p> <p>Percentage of treatment admissions with specific resources.</p>	<p>The admissions waiting list for specific treatment resources will not be any longer than three months.</p> <p>The percentage of treatment admissions involving specific resources will be over 60%.</p>

3. Provide the relatives of adolescents and youths with preventive actions and/or therapy

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Provide the families of adolescents and youths at risk of developing addictions with preventive actions.	<p>Improving the agility, efficiency and effectiveness of care.</p> <p>Assessing family intervention.</p> <p>Individual intervention by the Family Guidance Service.</p> <p>Group intervention by the Family Guidance Service.</p>	<p>No. of family members attended at the SOF.</p> <p>No. of family members attended in group intervention.</p> <p>No. of interventions by the SOF.</p> <p>No. of persons in group family care.</p>	<p>At least 90% of users will be attended to within the maximum of 7 calendar days from initial contact.</p> <p>Score of 90% of the persons attended to will be equal to or over 7 of a maximum of 10 in the SOF satisfaction survey.</p>
Offering therapy to the	Updating the family therapy intervention	No. of family members attended to in	A unified, assessed protocol



families of adolescents and youths with actions.	<p>protocol.</p> <p>Group therapeutic interventions.</p> <p>FERMAD support programme for families.</p>	<p>the programme.</p> <p>No. of family members attended to in group intervention.</p> <p>No. of family members of adolescents and youths attended to at FERMAD.</p>	<p>will be made available.</p> <p>There will be at least one group of families operating at each of the seven CAD.</p>
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9

REDUCING THE RISKS AND HARM ASSOCIATED WITH ADDICTIONS

The Addictions Institute undertakes to provide adults with addictions with comprehensive care and the necessary resources to reduce the damage and risks associated with their addictions, striving to improve their quality of life and that of the community.

9.1. Background

Reducing harm refers to a set of policies, programmes and intervention aimed at minimising the negative impacts of substance consumption on health and the associated social and legal consequences, and those associated with drug policies and laws.

It is based on the fundamentals of public health, justice and human rights, adopting a realistic approach that permits dealing with the drug problem without prejudices, focusing on positive change and on work with people, avoiding discrimination and stigmatisation related to the consumption of substances. The principal objective is not to eliminate consumption, but rather to favour the use of substances that cause the minimum possible damage to people, their environments and society.

The harm reduction approach acknowledges that many people with addiction problems do not want to or cannot abstain from their habits, but that they must be provided treatment options adapted to their needs, which allows them to make informed decisions focusing on their health and their quality of life. The objective of withdrawal is not ruled out, although it is not established as a short-term priority objective.

Focusing on reducing harm is included in the actions at all CADs, and resources and services addressing this approach have been implemented to comprise a harm reduction network in the city.

The Social Healthcare Contact Centre for Drug Addicts (*Centro de Contacto y Atención Sociosanitaria para Drogodependientes*) was created in 1995 in order to provide basic social healthcare to consumers of substances who do not have any contact with other care services and who show considerable physical and mental deterioration and are at risk of social exclusion.

The Mobile Harm Reduction Unit “*Madroño*” (*Unidad Móvil de Reducción del Daño*) came into operation in 2004 in order to detect, intake and care for people with addiction problems who are at risk of social exclusion, and to reduce the harm and risks and to prevent the development of associated diseases.

Later on, the Proximity Care Services were established with the objective of contacting and identifying populations who have difficulties in accessing these resources. The Addictions



Institute currently provides these services in the districts of San Blas-Canillejas (2017), Latina (2018), Embajadores (2019) and Villa de Vallecas (2020).

A new Harm Reduction Centre for Addicts in La Cañada Real was established in 2019 to provide basic psychosocial services to addicts who do not have any other contact with other resources, and who are permanently linked to or are residents in La Cañada Real.

In 2011, resulting from collaboration between the Addictions Institute and the Care for the Homeless Network, harm reduction rooms started to operate for alcoholics at several accommodation centres belonging to the municipal network to care for the homeless. This is a pioneer initiative which recognises, accepts and permits tackling the specific needs of homeless people whose possibilities of rehabilitation or integration are made more difficult because of their alcohol consumption.

The Community Mediation Programme has been ongoing since 2005 with the objective of reducing conflicts in the areas around care centres, offering alternatives to facilitate social integration of consumers, promoting changes in their lifestyles towards healthier models and raising awareness among social agents, residents and retailers about the importance of the addictions care programmes for the welfare of the community, favouring acceptance attitudes and reducing the social stigma associated with addicts.

9.2. General objectives

1. Guarantee the availability of detection, educational and harm reduction resources and services for active consumers.
2. Promote community mediation measures

9.2.1. Guarantee the availability of detection, educational and harm reduction resources and services for active consumers

The Addictions Institute provides services with the main objective of detecting, securing and attending to addicts in their own environments with a view to bringing the network to this collective who do not usually go to treatment centres. Intervention is carried out through a harm reduction perspective, although not exclusively. There are people who choose recovery treatment.

One of the objectives that is common to all of them is encouraging the establishment of an appropriate link to facilitate adherence to programmes and to prevent and mitigate the negative consequences associated with the use of psychoactive substances, thereby improving individual health and family and community health. To achieve this, the action performed through our different resources and services to reduce harm will attempt to achieve the following goals:

- To improve the quality of life of drug users, thereby improving their health.
- To reduce risk conduct associated with the use of substances.

- To reduce the risk of overdosing.
- To reduce the transmission of diseases such as HIV, hepatitis B, hepatitis C, tuberculosis, sexually transmitted diseases and others.
- To reduce the morbidity and mortality associated with the use of substances.
- To reduce risky sexual conduct.
- To raise awareness among consumers on the risks and harm associated with consumption.
- To reduce criminal activities.
- To improve the family and social situation.
- To promote finding and keeping a job.
- To reinforce any positive change in the person's life.
- To avoid stigmatisation and discrimination.
- To inform about the available social and healthcare resources, and to facilitate access to them.
- To motivate them to get treatment.
- To promote participation by addicts as active subjects in their own processes and as leaders of change in their environments.
- To carry out specific actions for women with addiction problems.
- To encourage the search for leisure, occupational and training activities that permit consolidating a healthier lifestyle.

All the resources and services are designed around the same objectives, but each of them has its own characteristics, which are described as follows:

1. **Basic Socio-healthcare Centre (*Centro de Atención Básica Sociosanitaria, CAB*):** This centre offers people with addiction problems, those in situations of great vulnerability and at risk of social exclusion, a place to spend the night and rest, with a safe place for women separated from the space for men. The main feature of this service is that it provides a night-time service. Moreover, it provides food (dinner and breakfast) and hygiene services (personal hygiene and laundry).
2. **Mobile Harm Reduction Unit (*Madroño*):** This unit targets people in situations of vulnerability and at high risk of social exclusion, many of whom are homeless. As this is a mobile unit, it permits carrying its work out in different areas, and also identifying and intervening in an open environment. It provides an opioid substitution programme,



thereby providing people with treatment who would otherwise not turn to other centres in the network. The unit holds overdose prevention workshops and first aid training both for people with addictions and personnel at the centres involved with dealing with this population. Likewise, home care is provided for people with addictions since many patients have associated diseases (AIDS, hepatitis, tuberculosis, injuries, psychiatric diseases, etc.) leading to hospitalisation and temporary or permanent disabilities, thus hindering the start or continuation of treatment for their addictions at their care centres.

3. **Proximity Care Services:** Located in different districts around Madrid (San Blas - Canillejas, Latina, Embajadores and Villa de Vallecas), these services target proactive intake of addicts who consume substances in public areas. We offer occupational or healthy leisure alternatives for them to take them away from environments or circuits where substance consumption takes place, thus enabling them to better integrate in the neighbourhood and to improve the environment there. Another of the main functions is to raise awareness among other social agents and the residents in the districts about the actions that we perform and the importance they have for community wellbeing.
4. **Cañada Real Psychosocial Care Centre (*Centro de Atención Psicosocial Cañada Real*):** The main function of this centre is to establish relations with people with active addictions either permanently linked to or residing in La Cañada Real who have significant bio-psychosocial impairment and who are not in contact with addiction care services. This is to provide them with a place for psychological and social care to permit intervention to reduce the harm caused by their addictions and to improve their quality of life.
5. **Intercultural intervention and mediation programme for foreigners with addictions (ISTMO).** The main objective of this initiative is to bring the municipal addiction care network to the population of foreigners with alcohol, other drug and behavioural addictions such as gambling in the city of Madrid. They are offered different treatment programmes by the centres and treatment support and rehabilitation resources.
6. **Community Mediation Programme:** The main objective of this programme is to reduce conflicts caused by the presence of addicts in certain areas and by the functioning of the care programmes for this population. Mediation actions are carried out with addicts, residents and retailers to promote appropriate, conflict-free use of public spaces and to reinforce the community fabric to improve cohabitation in the area.
7. **Alcohol Harm Reduction Unit Rooms (*Salas de Reducción del Daño en Alcohol*):** These units provide specific care for persons accommodated at centres for the homeless within the municipal network in the districts where they are located. They are for people who have alcohol consumption problems with the aim of improving their quality of life and reducing the environmental impact caused by alcohol consumption in public spaces.

9.2.2. Promote community mediation measures

Stigmatising attitudes towards consumers pose an obstacle for the integration and recovery possibilities of this collective. These attitudes (particularly relevant in the case of women) cause family and social isolation, hindering access to healthcare and social services.

Awareness and understanding are fundamental, not only among the general population, but in particular among healthcare and social services personnel, in order to favour a suitable response in line with these people's needs, avoiding any discrimination.

Encouraging participation by consumers in different community forums can contribute to improving the image that these people suffer, avoiding exclusion and discrimination whilst facilitating their integration and improving cohabitation.

The proximity care teams carry out information programmes about their activities on reducing harm among residents, associations and entities in the districts where they are located. Moreover, they provide meeting points with people on treatment in order to plan and develop community activities.

On the other hand, in order to set up the alcohol harm reduction rooms the experts and rest of the personnel at the centres for the homeless were trained on how to reduce the harm caused.

Presence of active substance users in certain public spaces can lead to a feeling of insecurity and uneasiness among the other residents and shops in the area, accounting for one of their main concerns and a source of claims. This feeling of insecurity is often caused by a general lack of knowledge among the population about this group and the stigmatisation associated with the consumption of substances, and also because of occasional conflicts or uncivil behaviour, although the latter is to a lesser extent. It is therefore fundamental to implement and carry out actions and programmes to improve cohabitation and to improve the environment. Therefore, the services will act as mediators from two perspectives: Acting with consumers in a way that reduces the impact on the environment, and also acting with the residents, shops and social agents in order to know their demands and concerns, and if possible, to provide answers to them. Establishing coordination channels between the services and resources that care for addicts, social agents, entities, residents and retailers in order to create some form of synergy and to work together to contribute to improving cohabitation and care for the environment.

Deterioration of public spaces (poor condition of urban furnishing, dirty public spaces or poor lighting), which is common in the areas around the treatment centres, contributes to generating rejection of this population and to further its stigmatisation.

To tackle this situation, we will need to engage and coordinate with the Local Councils, other government departments (cleaning, security, social services, equality, etc.) and other administrations (National Police Force, etc.), so that they can contribute to achieving the environmental improvement objectives.

The Addictions Institute has carried out different actions in recent years in coordination with the Municipal District Councils and other municipal departments to address improving the public spaces and areas around the treatment centres.



9.3. Operational planning

1. Guarantee the availability of detection, educational and harm reduction resources and services for active consumers

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Promote implementation and development of proximity care services in the districts.	Implement, assess and monitor the proximity care services or programmes in the districts.	No. of persons attended to. No. of services or programmes. Percentage of assessed and notified indicators for each programme by the Addictions Institute in regard to those requested by the districts.	100% of the forecasted indicators and the indicators requested by the districts will be assessed and notified.
Promote harm reduction rooms for persons with alcohol-related problems at the social care centres for the homeless.	Encourage the opening, counselling and support of new harm reduction rooms at the centres that request them. Six-monthly programme assessment of the existing rooms.	No. of persons attended to in those rooms. Percentage of assessments conducted in regard to those planned. Percentage of care centres for people without stable homes that provide counselling and support in a harm reduction room for people with alcohol-related problems in regard to those who request it.	100% of the planned assessments will be performed. 100% of care centres for people without stable homes that request it shall be provided with counselling and support in a harm reduction room for people with alcohol-related problems.
Promote the training of healthcare agents on the detection, catchment and harm reduction resources and services for active consumers.	Training actions for healthcare agents. Training actions on gender-based violence.	No. of trained agents. % of trained healthcare agents in regard to the total.	At the end of the period, all the detection, catchment and harm reduction resources and services in the network will have a healthcare agent training programme.
Increase the network of harm reduction resources: Basic Socio-healthcare Centre. Mobile Harm Reduction Unit (<i>Madroño</i>). Cañada Real Psychosocial Care Centre. Intercultural intervention and mediation programme for foreigners with addictions (ISTMO).	Actions to improve accessibility and agility in the care involved at these resources. Actions to increase referral of patients to the treatment network.	No. of persons attended to: Basic Socio-healthcare Centre. Mobile Harm Reduction Unit (<i>Madroño</i>). Cañada Real Psychosocial Care Centre. Intercultural intervention and mediation programme for foreigners with addictions (ISTMO). Percentage of patients who go to the CAB and who are attended to in the first 24 hours. Percentage of users attended to in 7 calendar days at "ISTMO". Percentage of patients who go to the <i>Madroño</i> Mobile Unit and are attended to in the first 24 hours. No. of persons under treatment with opioid agonists at " <i>Madroño</i> ." No. of patients attended to at home. No. of patients referred to the treatment network. No. of persons attended to with supervised consumption.	It will be guaranteed that at least 95% of users are attended to in the first 24 hours after first contact, and that the remaining 5% will be attended to within 48 hours at the latest at the " <i>Madroño</i> " CAB and Cañada Real Psychosocial Care Centre. It will be guaranteed that at least 95% of users are attended to in the first 7 calendar days after first contact, and that the remaining 5% will be attended to within 15 calendar days at the latest at the "ISTMO".

1. Guarantee the availability of detection, educational and harm reduction resources and services for active consumers

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Promote awareness and training on aspects related to harm reduction.	Implementation of supervised consumption programmes or resources.	% of women attended to by the "ISTMO" immigrant population care service.	An annual assessment and analysis of the gender perspective in interventions will be carried out, with quantitative and qualitative indicators.
	Priority care for especially vulnerable women with addictions.	% of women attended to by the Basic Socio-healthcare Centre.	
		% of women attended to at the Mobile Harm Reduction Unit (<i>Madroño</i>).	At least 95% of people with these diseases will be referred to the specialist network.
		% of women attended to at the Cañada Real Psychosocial Care Centre.	
		% of resources with specific programmes for women.	A unified, assessed protocol will be made available.
		No. of safe spaces for women.	
		No. of quick HIV, hepatitis B, hepatitis C, STD tests performed.	
		Percentage of patients referred to the specialist network in which these diseases are identified in regard to the total number detected.	
	Actions to avoid the transmission of diseases such as HIV, hepatitis B, hepatitis C and other sexually transmitted diseases.	No. of dissemination actions carried out.	
		No. of prepared materials.	
	Preparation of a harm reduction intervention protocol.	No. of training sessions.	
	Training on and dissemination of harm reduction.		
	Actions for participation by consumers of substances through the preparation of materials and training resources.		

2. Promote community mediation measures

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Reduce conflict in the areas around the care centres.	Actions to coordinate the community mediation programme with the harm reduction services.	No. of problematic zones with community mediation action.	A joint action procedure will be established in the period for the zones with highest social and environmental impact related to addictions.
	Prepare a joint procedure with Samur Social (street teams) to act in emerging zones with high social and environmental impacts related to addictions (permanent worktable).	% of attention to requests concerning conflictive consumption in Madrid's streets in regard to the total requests.	
	Coordination with the Local Councils, other government departments (cleaning, security, social services, equality, etc.) and other administrations (National Police Force, etc.).	No. of community measurements of addicts.	100% of requests concerning conflictive consumption in Madrid's streets will be dealt with.
	Awareness and information actions with social agents, residents and retailers.	% of actions in emerging zones with high social and environmental impacts related to addictions in regard to the received requests.	



			Actions will be taken in 100% of the zones identified as having the highest social and environmental impacts.
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10

COMPREHENSIVE TREATMENT OF ADDICTS

The Addictions Institute undertakes to provide treatment for addicts through a comprehensive, bio-psychosocial approach with the ultimate goal of ensuring the highest possible level of health, wellbeing and social and labour integration.

10.1. Background

Since it began, the Addictions Institute has undergone a change towards a model that tackles addictions more flexibly, adapting to the different profiles of users who require care. It provides special care for the more vulnerable social groups and has moved away from the model based exclusively on the consumption of substances.

The multi-causal origins of addictions and the different personal areas and traits that are usually affected mean a comprehensive, integrating approach to the problem is required, which brings together different professional disciplines to cover the biological, psychological, social and occupational aspects of each patient, and also the specific needs stemming from the assigned gender roles.

Therefore, interdisciplinarity is considered to be the basis of the intervention process so that compartmentalized intervention is avoided, in favour of a more dynamic, personalised process that is capable of catering to the needs of each person at any moment during the process. This is carried out through a continuing assessment system taking into account the changes in each of the areas that will influence the rest.

Apart from interdisciplinarity, treatment is characterised by its flexibility and individualization, resulting in a process that is capable of being adapted to the characteristics of each individual, their families and the changes that people undergo in their family, labour or social environment.

Confidentiality is fundamental in any treatment process. Consequently, the information provided by each patient is protected in accordance with current regulations on personal data protection and the deontological codes of each profession involved in the treatment process.

The complexity of addictions brings about the need to create resources in a network, so that all the different problems associated with them can be addressed.

10.2. General objectives

1. Provide comprehensive treatment for addicts through the Addiction Care Centres network
2. Provide socio-relational and job integration for patients through activities targeting the development of their social, cultural, educational and labour skills.



3. Guarantee the availability of a hospital and residential therapy network to support comprehensive treatment.
4. Promote specific comprehensive treatment actions for women.
5. Provide action for homeless addicts at the Addictions Institute network and at the social network of care for homeless people.
6. Offer the necessary care, support and guidance to families of addicts.

10.2.1. Provide comprehensive treatment for addicts through the Addiction Care Centres network

The Addiction Care Centres are socio-healthcare centres belonging to the municipal district that forms a part of Madrid Salud's Addictions Institute (Madrid's City Council) network dealing with addictions. The priority objective of these centres is to provide comprehensive care for persons who are at risk of developing addictions or who already have some form of addiction disorder. The centres coordinate their actions through the different services that intervene in the treatment process and have teams of professionals belonging to different disciplines (medicine, psychology, social work, occupational therapy and nursing, laboratory technicians, auxiliary nurses, administration and services personnel, etc.). These teams provide personalised, individual and/or group care in an outpatient regime for people with addiction problems.

The network has three other outpatient resources which are: The Spanish Red Cross Associated Centres and another Associated Centre belonging to Cáritas Diocesana de Madrid (3 CCAD).

Treatment is encompassed within a Personalised Intervention Plan (PPI). The first action is a bio-psychosocial assessment of the patient with the aim of diagnosing the addiction and setting goals that are agreed with the patient. These goals are adapted to the person and to their biological, psychological and social moment. PPI includes an interdisciplinary assessment that is carried out in regard to the following seven aspects, and entails establishing objectives in accordance with the assessment.

1. HEALTH AND SELF-CARE

General objective: *"To reduce and control the risks and harms associated with and/or produced by the consumption of drugs. To achieve healthy habits."*

2. MENTAL HEALTH

General objective: *"To achieve mental stability of the patient"*

3. CONSUMPTION OF SUBSTANCES OR ADDICTIONS WITHOUT SUBSTANCES

General objective: *"To achieve abstinence from substances or abandonment of the addictive behaviour or to reduce the harm or risk inherent to the addiction."*

4. FAMILY

General objective: *"To achieve and maintain appropriate family relationships that are satisfactory for the patient."*

5. SOCIO-RELATIONAL

General objective: *"To achieve and maintain healthy social relationships."*

6. TRAINING-LABOUR

General objective: *"To achieve and maintain a suitable, satisfactory, stable level of training and/or work".*

7. LEISURE AND FREE TIME

When the PPI has been established, the choice of treatment strategies and the use of resources necessary to support the intervention process is defined. This stage of choices and development comprises the Treatment Plan (TP). The TP is re-assessed throughout the process in accordance with the patient's needs and evolution. In addition to being a tool to define the intervention to be carried out, the Treatment Plan facilitates an assessment of the objectives that are actually achieved, the effective and efficient use of resources and it furthermore permits drawing conclusions about which actions, strategies and resources are most effective for each profile. Therefore, during the validity period of this Plan, the Treatment Plan will be designed and validated, and the procedure itself will be established.

Although the care process already includes the need for personalised treatment (Personalised Intervention Plan) always and in all stages of the process, priority is given to special adaptation and assignment of resources to those populations or social groups who have special needs, whether this is in terms of access to resources, maintaining and adhering to treatment programmes or the process of social integration.

In the case of opioid addicts, the objective is to diversify current treatments to improve their quality of life, offering other opioid drugs other than the Methadone Chlorhydrate solution, such as methadone tablets, slow-release Buprenorphine and sublingual Buprenorphine/naloxone. It also includes pharmacological opioid dependence treatment (fentanyl, tramadol, codeine, morphine, oxycodone, pentazocine, pethidine, etc.).

People with a dual pathology have a substance or other form of addiction, and also have a concomitant mental disorder, which entails a number of difficulties affecting their treatment. To tackle this pathology, the Addictions Institute carries out specialised comprehensive intervention so that these patients have the opportunity to receive effective treatment and to enable their social and labour integration. The Dual Pathology Unit was established in 2004 as a hospitalisation resource to contribute to stabilising these patients and diagnosing their disorders accurately. In 2005 the therapy was extended to include a specific Rehabilitation Flat. In 2016, it was further extended with the Therapeutic Community for people with this pathology. In order to effectively treat a dual pathology, suitable coordination with the Mental Health Network of the Region of Madrid is required. This is indispensable when patients have a highly complex or severe mental disorder (TMG) and an addiction disorder that is difficult to treat clinically. For that reason, the new Addictions Plan includes implementing coordination procedures with the Region of Madrid's Mental Health network as a priority action. The objective is to create a coordinated, parallel treatment model that includes the Comprehensive Treatment Plan (CTP), clinical sessions and case reviews.

Specialist comprehensive interventions for attending to a dual pathology require:

- Performing an assessment and diagnosis of the mental illness in the medical, psychiatric, psychological and social areas.
- Reducing the psychopathological manifestations of mental illness, considering psychopharmacological, psychotherapeutic and social intervention together.
- Promoting psychoeducational aspects that permit identifying, accepting and taking responsibility for illnesses and adhering to treatment.

- Providing the personnel resources to deal with different potentially stressful parts of everyday life and working on social skills to improve patients' interpersonal relationships.
- Group interventions adapted to these patients.
- Assessing coordination with the Mental Health centre in the relevant zone if necessary.

Recognising a dual pathology in recent years has led to a debate on proper diagnosis, the effectiveness of intervention and planning of healthcare. In order to improve these interventions, personnel will undergo ongoing training on diagnosing and treating a dual pathology, and psychiatrists will join the network to increase the assessment and monitoring systems of these specific treatment resources.

The Addictions Institute is committed to preventing, early detection and intervention of different infectious diseases associated with consumption, with emphasis on HIV, hepatitis C, hepatitis B and tuberculosis infections.

Within the framework of the UNAIDS strategy and the 2021-2030 Strategic HIV and other STD Infection Prevention and Control Plan of the National AIDS Plan by the Ministry of Health, one of the objectives is to ensure that 95% of people with HIV are diagnosed, that 95% of them undergo treatment, and that 95% of them have an undetectable viral load, thereby making the disease non-transmittable, adding "0% discrimination". Madrid Salud, to which the Addictions Institute belongs, is part of Madrid's Fast Track (FAST TRACK CITIES initiative), works at municipal level to achieve these objectives.

Nevertheless, there are new challenges concerning Public Health that have arisen, such as an increase in sexually transmitted diseases, where the response at municipal level must be a fundamental pillar and must exploit the networks and synergies created through HIV spaces, and engage new players on issues such as prevention and early diagnosis of HIV and other STDs, whilst also addressing the related stigma and discrimination.

In February 2017, scientific societies and patients' associations committed to the objective established by the World Health Organisation (WHO) to eradicate hepatitis viruses before 2030, created the Alliance for the Eradication of Hepatitis Viruses in Spain (*Alianza para la Eliminación de las Hepatitis Víricas en España*, AEHVE) through a framework collaboration agreement with the aim of advancing towards this objective. Another objective is to engage cities in the movement to adhere to the hepCityFree Commitments document, whose goal is to accelerate elimination of hepatitis C. Consequently, an agreement was signed on 11th November 2021 by the Governing Board of the city of Madrid approving adhesion by Madrid's City Council to the initiative through the autonomous organisation known as Madrid Salud, committing to the #hepcityfree movement for cities free of hepatitis C by the Alliance for the Eradication of Hepatitis Viruses in Spain (AEHVE). Madrid Salud will drive the development of all necessary action for collaboration to further implement these commitments with Madrid's City Council. Those commitments include disseminating this agreement and participating in a Local Committee consisting of representatives of the regional and local administration, clinics (hepatologists, infectious diseases consultants, primary

healthcare workers) and community entities. Research centres, patients' associations or any others considered to be of interest will also be included on the committee in order to achieve the indicators established by the WHO and the #hepCityFree movement to eliminate hepatitis viruses, to favour dissemination and communication actions, to break down barriers in vulnerable populations where most of the newly diagnosed patients are. Universal screening for hepatitis C has been carried out at four of the Addiction Care Centres in the last two years in order to know the prevalence of active HCV in users, and thus directly refer them to specialist care at hospitals. Consequently, this contributes to reducing the HCV micro-epidemic in the addict population. We will continue this screening process during this period at all the centres.

The Addictions Institute has also committed to adapting its intervention work. Hence, the 2022-2026 Addictions Plan will reinforce its work with the following patient profiles:

Elderly people with chronic treatment and/or cognitive impairment

A lot of the people who started to consume drugs in the 80's and 90's have now aged, largely due to the effectiveness of treatment with medicines such as methadone, new psychiatric drugs, antiretroviral drugs for HIV treatment and new drugs to treat hepatitis C. These people are "survivor" consumers and have a long track record of substance and alcohol consumption that lasts through to old age.

On the other hand, with longer life expectancy, the consumption of substances in older people is increasing around the world and is now a cause for concern. These tend to be people who start consuming drugs later on in life, or "reactive" consumers, where the origin of their consumption is often stress or pain. Moreover, the natural ageing process (loss or impairment of certain faculties due to other chronic diseases) can cause psychological, social or health after effects which can be a risk factor. Other factors such as loneliness, anxiety or depression make these people even more vulnerable. We also need to highlight gambling problems among the elderly, which is something that they see as a leisure option, and on many occasions as an escape.

We should bear in mind that chronic illnesses, both physical and mental, tend to increase among this population, which, according to the *"Strategy on Care for Patients with Chronic Illnesses in the Region of Madrid"* places them in the category of complex chronic patients. This increases their vulnerability and they are also at risk of failing to take their prescribed medicines, having difficulties in self-care habits, lack of social and economic resources for integration, and possibly a lack of support by their families and/or society.

Special emphasis is placed on this population in regard to people with cognitive impairment owing to the harm caused by long-term consumption.

Another chronic patient profile which requires work to reduce harm, is related to those who have not managed to achieve any significant changes to their consumption habits and/or their social integration.

Chemsex users



The use of drugs in contexts of sexual enjoyment, particularly by gay, bisexual men and other males who have sex with men (GBMSM) is known as chemsex. Interventions of this type have been on the rise at our CADs since 2017, and we have created specialist teams to deal with this problem. Sexual health workshops have been held by experts, along with other workshops on healthy leisure adapted to the needs of this collective. The result has been reflected in the number of people treated for chemsex, increasing from 15 people in 2017 to over 300 people in 2021.

The pilot programme “PAUSA” was implemented at the end of 2020. It is a programme based on the strategies of proximity care to test different approaches: online or in-person. It addresses chemsex users to provide them with professional care and counselling, risk reduction work and referrals to specialist services if required. This programme is ongoing in 2022 highlighting the importance of using social media in this type of work to reach people at early stages of addiction, who would otherwise not come to any centres.

1. Provide comprehensive treatment for addicts through the Addiction Care Centres network

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Improve accessibility to the CADs.	Improve the positioning of the CAD in internet search engines.	Mean number of days between applications and the appointment through the appointment system.	
	Implement a prior appointments system at the seven CADs.		
	Implement a “Call Queue” type switchboard at the seven CADs.	Percentage of applications attended to within 15 calendar days at the most.	At least 80% of users will be attended to by a professional within the first 15 calendar days after first contact, and no more than 2% will be attended to after 30 calendar days.
Reduce the stigma associated with addiction treatment.	Information, awareness and training on addictions at other socio-healthcare centres in the network and among the general population.	Percentage of primary healthcare centres and mental health centres for the CADs focusing on information, awareness and training on addictions in regard to the total number.	Information, awareness and training on addictions will be prepared at 100% of the primary healthcare centres and mental health centres for the CADs.
Provide comprehensive, quality intervention based on evidence for people with addictions on treatment at the CADs.	Dissemination of the Addictions Institute's centres and services.		
	Fulfilment of the Service Charter commitments.	Percentage of overall users who are satisfied with the service received.	At least 90% of users will be satisfied (score of equal to or over 7 in the user satisfaction survey) with the service received.
		Mean assessment score of the knowledge by professionals and the ability to help patients in their recovery process.	The mean score of at least 90% of users will be equal to or over 7 in the user satisfaction survey.
		Percentage of workforce covered.	The workforce will be trained and covered to at least 95% to ensure comprehensive care for users of our network.
	Review of the Personalised Intervention Plan (PPI).		A design and follow-up instrument for the unified, assessed treatment plan will be made available.
	Preparation of a Treatment Plan and implementation of a best practices procedure.		



1. Provide comprehensive treatment for addicts through the Addiction Care Centres network

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
	<p>Individual and group intervention according to the characteristics and needs of patients, and their moment in the treatment process.</p> <p>Review and update of the clinical protocols and intervention and monitoring tools of fulfilment thereof.</p> <p>Design of new protocols and/or procedures.</p>	<p>No. of persons attended to at the Addictions Institute's centres. Itemised by sex.</p> <p>No. of groups at the CADs.</p> <p>No. of newly designed protocols and procedures.</p>	
Offer pharmacological treatment for opioid addictions, adapted to each patient's situation.	<p>Diversified opioid addiction treatment: methadone (solution or tablets), buprenorphine/naloxone and slow-release buprenorphine.</p> <p>Dispense at pharmacy offices.</p>	<p>People on methadone treatment.</p> <p>Number of persons on treatment with methadone tablets.</p> <p>People on buprenorphine/naloxone treatment.</p> <p>People on slow-release buprenorphine treatment.</p> <p>People on methadone treatment at pharmacy offices.</p>	<p>The score by at least 90% of the persons on methadone treatment will be equal to or over 7 of a maximum score of 10 in the satisfaction survey.</p> <p>At least 15% of patients on opioid substitution treatment will be prescribed alternatives to methadone solutions.</p>
Offer comprehensive treatments for dual pathology.	<p>Reinforce specialist comprehensive intervention with specialist psychiatry doctors at the Addictions Institute's network.</p> <p>Ongoing training on dual pathology for professionals.</p> <p>Offer specialised resources in the treatment of a dual pathology.</p> <p>Coordination with the Mental Health Network of the Region of Madrid to prepare joint programmes, protocols and procedures.</p>	<p>No. of persons attended to with dual pathology.</p> <p>Percentage of staff (psychiatrists) at the Sub-directorate General for Addictions compared to the posts included in work post list.</p> <p>No. of training actions on dual pathology.</p> <p>No. of posts for specialised resources.</p> <p>No. of persons attended to by specialised resources. % discharges from treatment by specialised resources.</p> <p>% of fulfilment of agreements planned in coordination with the Mental Health Network of the Region of Madrid.</p>	<p>An annual assessment and analysis of the dual pathology treatment interventions will be carried out, using quantitative and qualitative indicators.</p> <p>100% of the workforce (psychiatrists) included on the work post list will have joined.</p> <p>The percentage of treatment admissions involving specialist resources will be at least 50%.</p> <p>100% fulfilment of agreements planned in coordination with the Mental Health Network of the Region of Madrid will be effective.</p>
Commit to preventing, early detection and intervention of different infectious diseases associated with consumption.	<p>Training updates for our professionals.</p> <p>Reinforcing the screening instruments and techniques for early detection of HIV, TBC and other STD infections.</p> <p>Periodical hepatitis C screening of vulnerable people at the seven Addiction Care Centres in order to know the</p>	<p>No. of training actions.</p> <p>No. of quick tests performed.</p> <p>No. of screened patients.</p>	



1. Provide comprehensive treatment for addicts through the Addiction Care Centres network

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
	<p>prevalence of active HCV in users in order to ensure direct referral to specialist care at the relevant hospitals.</p> <p>Promote coordinated action circuits with primary and specialist healthcare to eradicate HVC.</p> <p>Participation by the Addictions Institute in the Local Fast Track HIV Committee in Madrid, and in the #hepcityfree movement, by the Alliance for the Eradication of Hepatitis Viruses in Spain (AEHVE).</p>	<p>No. of patients with active hepatitis C infection detected.</p> <p>No. of patients detected with hepatitis C referred to specialist care at hospitals compared to the total number detected.</p> <p>Percentage of agreements in this Committee by the Sub-directorate General for Addictions in regard to the total agreements on addictions.</p>	<p>At least 95% of people with hepatitis C will be referred to the specialist network in the relevant hospitals.</p> <p>The Sub-directorate General for Addictions will carry out 100% of the agreed actions on addictions in the Local Fast Track Committee in Madrid, and in the #hepcityfree (Hepatitis C free cities) movement.</p>
Adapt treatment to elderly, chronic and/or cognitive impairment patients.	<p>Ongoing training for professionals.</p> <p>Preparation of a guide for interventions with older patients.</p> <p>Collaboration and coordination with specific services and programmes for older patients.</p> <p>Addictions specialised resources for chronic patients and/or those with cognitive impairment.</p>	<p>No. of training actions.</p> <p>% of fulfilment of agreements planned with specific services and programmes for older patients.</p> <p>No. of posts for specialised resources.</p> <p>% of discharges from treatment by specialised resources.</p>	<p>A guide will be provided for older patients with addictions.</p> <p>A score of at least 90% by people on treatment aged over 60 years shall be equal to or over 7 out of a maximum of 10 in the satisfaction survey.</p> <p>Fulfilment of the agreements planned with specific services and programmes for older patients shall be 100%.</p> <p>The percentage of treatment admissions involving specialist resources will be at least 50%.</p>
Treating chemsex users	<p>Specific intervention protocol for chemsex users</p> <p>Adaptation of the resources to support treatment in specific programmes.</p> <p>Therapeutic intervention using specific resources and workshops.</p> <p>Collaboration with LGTBIQ+ entities and associations for network information, dissemination and joint intervention.</p> <p>Ongoing training for professionals and acquisition of LGTBIQ+ cultural skills.</p> <p>Coordination with the Montesa Specialist Medical Centre for intake and/or referral of patients.</p> <p>Promote proximity care strategies.</p>	<p>% of treatment support resources with specific programmes.</p> <p>No. of chemsex patients on treatment</p> <p>No. of persons in group intervention.</p> <p>% of training actions in regard to those planned.</p> <p>% of in-person programmes carried out on weekends through information points in the main districts in the city with the highest prevalence of chemsex, in regard to those planned</p>	<p>A unified, assessed intervention protocol will be made available.</p> <p>100% of the treatment support resources will have a specific programme for chemsex users</p> <p>100% of the programmed training actions will be carried out.</p> <p>100% of the planned programmes in the districts with highest prevalence of chemsex will be carried out</p>

10.2.2. Provide socio-relational and job integration for patients through activities targeting the development of their social, cultural, educational and labour skills

Social and labour integration of people with addictions is fundamental for the Addictions Institute, with one of its goals being the recovery of addicts' positive, active functions in society, employing all the resources made available by the community.



Social and labour integration are simultaneous processes to the rest of the intervention work with addicts on treatment. Achieving milestone objectives throughout the process reinforces social integration and vice-versa. In order to achieve this, the Addictions Institute implements different support resources in job training and employment, such as the Labour Guidance Service (SOL), job training workshops and employment workshops.

The Labour Guidance Service (SOL) carries out specific personalised guidance. In 2020 it designed a new project covering three specific areas in which to work in order to promote employment among women, adolescents and youths, and particularly protected employment support for the more chronic patients in the network. Moreover, the SOL has a Protected Employment Support Service (*Servicio de Apoyo al Empleo Protegido*, SAEP) for people who have low employability for different reasons, and who are at a disadvantage when applying for jobs. This requires special, adapted labour guidance and care, both individually and in groups, so that they can opt for jobs in equal conditions on the job market.

The Socio-labour Integration Programme has implemented a number of initiatives to improve the training of the population we attend to:

The **job preparation workshops on basic skills and abilities** include a basic training part on the specific workshop subject and basic educational content on language, mathematics, IT and social communication skills, so that the people who complete them are in a better position to access other more demanding courses or workshops, but with more favourable job prospects.

A fundamental aspect is **coordination with the Employment Agency** to favour and facilitate access to their training offers by the Addictions Institute's population. Thanks to the cooperation agreement with the Employment Agency, places in the different workshops are reserved for them. Cooperation with different institutions also takes place to ensure access for patients in training activities delivered by other entities external to the Addictions Institute.

Likewise, **proper use of leisure** is an instrument that can normalise and facilitate personal stabilisation and social integration. Interventions focusing on encouraging participative activities in normal environments within the close community, away from the usual consumption environment are a priority to avoid or mitigate social isolation of affected people.

The **Social Integration through Leisure Programme** deals with aspects related to organising free time and the right choice of different, varied leisure activities in order to optimise personal stability and social and relational integration. This is an incentive for their cultural and social life in the city.

One of the objectives we have considered is to promote actions leading to facilitating integration of the network's more chronic patients who have stable addiction problems and good adherence to treatment, but because of the chronic nature of their addiction they have no or very little chance of employment. Consequently, healthy social integration and occupying their time is fundamental to improve their self-esteem thereby help them to maintain their treatment achievements.

The **Health and Integration Programme**, implemented through collaboration with Madrid Salud's Oral Health Centre (*Centro de Salud Bucodental*), provides dentistry treatment in order to improve socio-labour integration and to reduce social stigma.

The **Judges Counselling and Aid for Arrestees Service (SAJIAD)** has been advising and helping people with addiction problems who have been arrested for over 30 years. Moreover, this service manages the dispensing of methadone to people who have been arrested that were on the Opioid Substitution Programme. It also counsels judges, although technically on a non-binding basis, by coordinating the programme with care centres and also cooperating in withdrawal control of people on probation, on parole or on suspended sentences. As of 2022, this service also includes a Criminal Mediation Programme in the Plaza Castilla Courts, which involves promoting restorative justice through a specific mediation programme between offenders with addictions and victims. This programme will enable damages to be repaired while also entailing legal benefits.

2. Provide socio-relational and job integration for patients through activities targeting the development of their social, cultural, educational and labour skills

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Promote social integration of people who have had care with normalisation criteria and adapted to their individual social needs.	<p>Establish a stable communication and coordination framework with the General Social Services (<i>Servicios Sociales Generales</i>, SSG) for proper social intervention of the more vulnerable people.</p> <p>Dissemination and exchange of information on the programmes and services in both networks.</p> <p>Promote collaboration and participation with other City Council departments and institutions, resources and tertiary sector resources which support social integration.</p>	<p>No. of districts where there is coordination.</p> <p>% of CADs' reference districts where stable coordination and dissemination of information is carried out with the SSG in regard to the total number of districts.</p> <p>% of agreements reached in regard to planned agreements.</p> <p>No. of patients referred from Social Services.</p> <p>No. of patients with whom social intervention is carried out in conjunction with the General Social Services.</p>	<p>An annual assessment and analysis of the joint interventions with the SSG will be carried out, using quantitative and qualitative indicators.</p> <p>Coordination and dissemination of information with 100% of the SSG in the CADs' reference districts will be carried out.</p> <p>100% of the planned agreements will be implemented.</p>
Promote labour integration of people on treatment adapted to the socio-labour needs of each person.	<p>Optimisation of the Labour Guidance Service (SOL) through quality criteria.</p> <p>Intensify actions to improve the employability of patients with fewer employment resources, emphasising women and persons aged over 45 years and/or chronic patients.</p> <p>Actions to permit giving continuity to the protected employment line of work.</p>	<p>Beneficiaries of the Labour Guidance Service (SOL).</p> <p>Percentage of users who are satisfied overall with the service received from the SOL.</p> <p>People who start a job.</p> <p>Percentage of women who start a job compared to the number of women attended to at the SOL.</p> <p>Percentage of people aged over 45 years who start a job compared to the number of people attended to at the SOL.</p> <p>People who start a protected job.</p> <p>People who take part in training activities for the SOL.</p>	<p>At least 95% of users will start their personalised insertion itinerary within the maximum period of 7 calendar days from the date of application.</p> <p>At least 75% of users will be satisfied with the service received.</p>

	<p>No. of pre-labour training actions.</p> <p>Maintain and intensify coordination with the Employment Agency to design protected employment programmes and to favour the inclusion of users in their training and job offers.</p> <p>Reinforce coordination with other institutions and normalised resources that support social and labour integration.</p> <p>Implement talks on social and labour integration in the individual and group treatment processes.</p> <p>Development of the Health and Integration Programme.</p>	<p>No. of persons who attend job preparation workshops held by the Addictions Institute.</p> <p>Percentage of group sessions on socio-labour integration carried out in groups compared to the total number of stable groups at the CADs.</p> <p>No. of persons who take part in training activities for employment held by the Employment Agency.</p> <p>No. of persons receiving dentistry treatment.</p>	<p>At least 50% of the stable CAD groups will undergo one session on socio-labour insertion.</p> <p>A procedure will be implemented for coordination with Madrid's City Council's Employment Agency.</p>
Favour social integration of people with legal problems related to addictions through specialist aid during the criminal trial process, including the offenders and their families.	<p>Legal counselling and mediation programme in relation to addictions. SAJIAD</p> <p>Counselling and information for patients and families about social insertion measures, alternatives to prison, open regimes, parole and any other social integration measures.</p> <p>Reinforcement of coordination with judicial and penitentiary institutions.</p> <p>Promoting and improving the training of professionals on judicial and penitentiary matters.</p>	<p>No. of arrested persons with addictions who are counselled by the SAJIAD.</p> <p>No. of reports for legal bodies by the SAJIAD.</p> <p>No. of addicts in criminal mediation processes.</p> <p>No. of patients with judicial measures as an alternative to prison sentences attended to by the SAJIAD.</p> <p>Number of professionals who hold updated courses or workshops on the subject.</p>	A unified procedure will be designed in coordination with judicial institutions.
Facilitate socio-relational integration of people on treatment in line with their leisure requirements.	<p>Review and update of the Social Integration through Leisure Programme.</p> <p>Development of the Social Integration through Managed Leisure Programme.</p> <p>Reinforcement of collaboration with other municipal areas, institutions, resources and entities who work in normalised leisure to facilitate access by people on treatment.</p> <p>Drive volunteering actions to improve socio-relational integration.</p>	<p>No. of participants on the Social Integration through Leisure Programme.</p> <p>No. of activities in the Programme.</p> <p>No. of people who take part in volunteering actions.</p>	An updated Social Integration through Leisure Programme will be designed and assessed. At least 90% of users of the Programme will be satisfied with the service received.

10.2.3. Guarantee the availability of a hospital and residential therapy network to support comprehensive treatment



In order to develop the Personalised Intervention Plan (PPI), the Addictions Institute has the services and resources to support treatment and rehabilitation that complement the work carried out at the CAD. Access to these resources is via referral from the CAD and CCAD. In some cases, the actions to be carried out in these services start at the CADs and are complemented by support resources. In the case of hospital and care home referrals for treatment support and rehabilitation in the internment regime, they are indispensable for people who need more intensive or specialised intervention, removal from their environment, prolonged re-education work or support and supervision to facilitate their rehabilitation.

A fundamental action to optimise coordination of a network which has an increasing number of services and programmes was the development of the Network Resources Coordination Process, which permitted identifying and organising all the relevant processes in the use of resources. This is done by agreeing to and clarifying referral criteria, objectives, coordination procedures and optimum itineraries in accordance with needs or specificities. Personnel from the Addictions Institute and representatives of the aforementioned resources all took part in this work.

The process includes detection resources and treatment support resources for clinics and residences in order to establish agreed itinerary criteria on the use of those resources.

In the case of hospitals and therapy residences supporting comprehensive treatment during internment, the network has specialised centres according to the different profiles, and also more general centres. This guarantees care in accordance with profiles involving specific needs (a dual pathology, homeless people, chronic illnesses, etc.). This new Addictions Plan not only commits to a gender approach, which is an indispensable guiding principle in all programmes, but also to creating specific spaces for women, where some issues that widen the gender gap are usually found in the addictions treatment networks (gender-based violence, difficulties meeting the roles assigned by gender, etc.).

The Annex shows the data sheets of the current treatment support and rehabilitation resources.

3. Guarantee the availability of a hospital and residential therapy network to support comprehensive treatment

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Increase specialised comprehensive treatment support resources.	Offer specialised hospital resources in the treatment of a dual pathology. Offer hospital detoxification resources. Offer places in day care centres for youths and adolescents. Offer places in the Therapeutic Community. Offer places in treatment support flats. Offer places in rehabilitation flats.	No. of residential places. dual pathology No. of places in dual pathology day care centres. No. of places in hospital detoxification. No. of places in day care centres for youths and adolescents. No. of places in the Therapeutic Community. Dual pathology. Chronic and/or cognitive impairment. Exclusive treatment for women. No. of places in treatment support flats: Not specified Homeless Dual pathology No. of places in rehabilitation flats: Dual pathology. General Self-managed	
Optimise the use of resources to support treatment and rehabilitation.	Review the user profiles before admitting them to the resources. Review preferential internment criteria. Waiting list management system for each resource.	Occupation rate of each resource No. of patients interned in each resource. % of treatment discharges. % of voluntary discharges. No. of follow-up visits.	At least 80% of people will be interned within no more than five months from inclusion on the waiting list for residential resources for treatment and rehabilitation support. At least 80% of people will be interned within no more than three months from inclusion on the waiting list for specialist hospital treatment for dual pathology treatment.
Maintain, supervise and guarantee the quality of existing resources.	Periodical review of quality reports and indicators for each resource. Periodical review of satisfaction surveys. Periodical update of the Network Resources Coordination Process. Periodical visits and meetings by CADs' staff. Periodical review of treatment discharge referral criteria.	Mean annual satisfaction by users of each resource.	The percentage of treatment discharges will be at least 50%. Score of 90% of people attended will be equal to or over 7 of a maximum of 10 in the user satisfaction survey.

10.2.4. Promote specific comprehensive treatment actions for women

The gradual awareness of the Addictions Institute in regard to the specific problems of women with addictions was set forth in the “2011-2016 City of Madrid's Addictions Plan”,



which defined intervention from a gender perspective among its strategic lines in order to guarantee the suitability of the programmes and services for the differences between women and men.

The gradual increase of actions specifically to treat women at the CADs has permitted more and better “visibility” of their different problems, which often include the fact that they have suffered from or still suffer from gender-based violence. Two studies were conducted on gender-based violence in women addicts in 2008 and 2009 at the CADs of Villaverde and Latina, reporting a prevalence ranging between 67% and 69%. This culminated in 2016 with the “CADs’ Gender-based Violence Intervention Protocol”, which has the objective of setting out agreed, uniform guidelines when intervening with women addicts who are also victims of gender-based violence.

In 2011 when the City of Madrid’s Technical Forum on Addictions was established, the Gender Committee was created with two objectives: enhancing the gender approach and promoting coordination with the equality and protection against gender-based violence networks.

This Plan considers the increased difficulties that women face when requesting help with their addiction problems, and it is therefore necessary to identify the **gaps** that prevent or hinder their access to treatment at the CADs. Providing the right tools for the multidisciplinary teams at the CADs is essential in order to provide **specific intervention for women** either individually or in groups.

It is fundamental to take into account the characteristics of women with addictions when designing and implementing the PPI, such as the differences in motivation to start and continue with consumption, the greater stigmatisation of consumption by women, the psychological repercussions, particularly those related to self-esteem, less family and social support, responsibilities as carers of children and relatives, and the high prevalence of a background of gender-based violence. Working to improve the treatment alternatives without gender biases is one of the priorities of this new Plan. Moreover, Residential Resources need to be adapted to the needs of women and must include the gender perspective in the way they work with patients.

Gender violence, and its consequences, is highly prevalent among women with addictions, and it must therefore be considered in assessments and when treating patients. Coordination with the prevention and care services of victims of gender-based violence is one of the priority actions of this Plan.

4. Providing specific intervention for women

OBJECTIVES	ACTIONS	INDICATORS	GOALS
Identify and reduce the gaps that prevent or hinder access to care and treatment at the CADs by women, and to break down the stigma related to women with addictions.	<p>Actions to improve identification of gender gaps in access to the Addictions Institute’s network.</p> <p>Actions to improve proactive detection of women with addictions.</p> <p>Dissemination actions of the Addictions Institute’s centres and services specifically designed for women.</p>	<p>% of women on treatment at the CADs.</p> <p>% of women in harm reduction and proximity care resources.</p> <p>Percentage of dissemination actions in regard to planned actions.</p>	<p>An assessment and analysis of the existing gender gap will be conducted.</p> <p>100% of the planned dissemination actions will be carried out.</p>



4. Providing specific intervention for women

OBJECTIVES	ACTIONS	INDICATORS	GOALS
	<p>Implementation of measures to favour family conciliation and preferential appointments for women during certain time brackets.</p> <p>Information, awareness and training on women and addictions at other socio-healthcare centres that deal with women.</p>	No. of actions and training sessions.	
Offer comprehensive, quality intervention for women with addictions based on evidence adapted to their needs.	<p>Update on gender for professionals in the network.</p> <p>Preparation of a "Practical Guidebook for Women Groups at CADs."</p> <p>Dissemination of best practices related to specific intervention for women with addictions.</p> <p>Update of specific individual and group intervention.</p> <p>Promoting coordination with Primary Healthcare services to attend to women who take psychiatric drugs.</p>	<p>No. of update actions on gender or the needs of women with addictions.</p> <p>Percentage of clinic/working/best practices sessions in regard to planned sessions.</p> <p>No. of dissemination sessions.</p> <p>No. of specific groups.</p> <p>No. of hybrid groups (online and in-person).</p> <p>No. of specific groups of women who take psychiatric drugs.</p>	<p>A practical guide for group therapy with women at CADs will be designed.</p> <p>100% of the planned sessions will be carried out.</p> <p>An annual assessment and analysis of specific intervention for women with addictions will be carried out, using quantitative and qualitative indicators.</p> <p>There will be at least one specific group for women at each of the seven CADs.</p>
	<p>Specific leisure actions for women.</p> <p>Specific training and employment activities for women.</p>	<p>No. of women who take part in leisure activities.</p> <p>No. of specific leisure activities.</p> <p>No. of specific training and employment activities for women.</p> <p>Percentage of women who carry out specific activities compared to the number of women attended to at the SOL.</p>	<p>At least 80% of the women attended to at the SOL will take specific training and employment activities.</p>
Promote specific programmes in all the network's resources: harm reduction, support for treatment and rehabilitation.	<p>Implementation of exclusive residential resources for treating women with addictions.</p> <p>Specific programmes for women to reduce harm and to support treatment and rehabilitation.</p> <p>Collaboration in the care for women with addictions at the SH network's</p>	<p>No. of women interned in specific residential resources for women.</p> <p>Percentage of women in harm reduction resources.</p> <p>Percentage of women in treatment and rehabilitation support resources.</p> <p>Average waiting time for women in treatment and rehabilitation support resources.</p> <p>% of treatment discharges at treatment centres and treatment and rehabilitation support resources.</p> <p>No. of women attended to at the SH network's resources</p>	<p>The percentage of women in treatment and rehabilitation support resources will be at least 25% of the total interned persons.</p>



4. Providing specific intervention for women

OBJECTIVES	ACTIONS	INDICATORS	GOALS
Increase collaboration and cooperation with resources who specifically attend to women and with the gender-based violence victims care network.	resources and at those exclusively for women. Preparation of a protocol for Collaboration with Equality Spaces. Preparation of a Gender-based Violence referral and coordination protocol.	and at those exclusively for women. Percentage of joint actions in equality spaces in regard to the planned actions. No. of women referred to the Gender-based Violence care network. No. of women referred from the Gender-based Violence care network.	100% of joint planned actions with equality spaces will be carried out. A coordination protocol will be designed in conjunction with the Sub-directorate General for Gender-based Violence Care (<i>Subdirección General de Atención a la Violencia de Género</i>). A work group will be designed in conjunction with the Sub-directorate General for Gender-based Violence Care for joint intervention.

10.2.5. Provide action for homeless addicts at the Addictions Institute network and at the social network of care for homeless people

The general objective of the Addictions Institute's Homeless Programme is to cater to people who use substances and who are in situations of extreme exclusion, offering specific programmes to deal with their problems. This takes into account their bio-psychosocial circumstances and permits improving their quality of life through programmes aiming to reduce the harm caused by their addiction and withdrawal.

Madrid Salud's Addictions Institute is a pioneer in intervention with homeless drug addicts, and since 1995 it has been implementing a specific programme in coordination with the municipal Care for the Homeless Network (SAMUR SOCIAL) which not only deals with addictions, but also with the complex multiple causal factors leading to this situation.

In 2007 an intervention protocol was designed by the Government Area for Families and Social Services and the City of Madrid's Addictions Institute in order to adapt care through the involved networks. The Procedure to deal with homeless alcoholics and homeless addicts to other drugs was drafted in 2014 by the Committee on Homeless Drug Addicts and other collectives at risk of exclusion belonging to the Technical Forum on Addictions. The main innovation in this document was, for the first time, including the social entities who work with them. This procedure is complemented with the "Protocol for Care for Homeless Drug Addicts", which standardises and optimises the care provided by the centres comprising the Addictions Institute (CAD and CCAD).

At an extraordinary plenary session held on 7th July 2020, 352 measures were approved in joint response to the outbreak of a new wave of COVID-19 in the City of Madrid. These measures included two actions related to the Care for the Homeless Network and the Addictions Network, since special measures were needed to be taken for Homeless People lodging in the care network centres, and also those living in the street. This gave rise to implementation of a healthcare support programme for the homeless through the Addictions Institute (Sub-directorate General for Addictions) in 2020. The measures are currently

ongoing, with operational objectives such as “providing intervention for homeless addicts in situ at the care for the homeless network.

The operational objectives set out in the 2022/26 Addictions Plan for intervention with homeless people are as follows:

- 1) To guarantee that homeless addicts are provided with care that is adapted to their specific needs at all the Addictions Institute's centres.
- 2) To provide care for homeless addicts at the care for the homeless network.
- 3) To promote general coordination among all the resources of the drug addiction care network and the PSH care network.

5. Provide action for homeless addicts at the Addictions Institute network and at the social network of care for homeless people

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Guarantee that homeless addicts are provided with care that is adapted to their specific needs.	Update the intervention protocol at the CADs for homeless people.	No. of training actions.	An annual assessment and analysis of intervention with homeless people using quantitative and qualitative indicators.
	Continuous training, clinical sessions or best practices.	No. of reinforcement professionals to attend to the homeless or people at risk of social exclusion.	
	Update and reinforce addiction treatment intervention considering the situations of homeless people.	No. of homeless addicts attended to.	A unified, updated protocol will be made available.
	Reinforce prevention intervention, promotion and detection of pathologies, both physical and mental, considering the situations of homeless people.	No. of specific group sessions for homeless people.	
	Financial support to provide people with addiction problems on treatment and in situations of social exclusion with the minimum necessary resources to complete the programmes (transport, hygiene, etc.).	No. of financial grants awarded compared to those requested.	100% of requested financial support will be granted.
	Specific resources to support treatment and rehabilitation of homeless people.	No. of homeless patients interned in specific treatment and rehabilitation support resources.	The percentage of treatment admissions involving specialist resources will be at least 50%.
		% of discharges from treatment in specific resources.	

5. Provide action for homeless addicts at the Addictions Institute network and at the social network of care for homeless people

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Provide intervention for homeless addicts at the care for the homeless network.	<p>Counselling actions to advise and reinforce (the latter in the case of new outbreaks of Covid-19) healthcare at the care centres for the homeless:</p> <ul style="list-style-type: none"> Review of the current COVID-19 protocols, and periodical delivery to all the SH centres. Review and update of the isolation circuits. Motivation and support for vaccination. <p>Actions to promote the Health Education programmes at all the resources and new programmes to detect mental and physical pathologies.</p> <ul style="list-style-type: none"> Preparation and dissemination of health education materials adapted to the needs of homeless people. Actions to improve access by homeless people to the Primary Healthcare Services and specialised care. Training of healthcare agents at the care centres for the homeless. Information, prevention and detection of hepatitis C, HIV and other STDs. Workshops to improve digital skills so that they can carry out socio-healthcare procedures. <p>Actions to promote and implement the programmes to reduce the harm caused by alcohol and other addictions at the care centres for the homeless.</p>	<p>Percentage of care centres for the homeless described in the Agreement between the Government Area for Families, Equality and Social Welfare and Madrid Salud, in which joint programmes are held in relation to addictions and homeless people.</p> <p>No. of individual nursing interventions.</p> <p>No. of individual medical interventions.</p> <p>No. of individual psychological interventions.</p> <p>No. of group interventions.</p>	These programmes will be offered to 100% of the homeless' care centres as per the Agreement between the Government Area for Families, Equality and Social Welfare and Madrid Salud.
Promote general coordination and collaboration among all the resources of the care network and the PSH care network.	<p>Update and dissemination of the homeless addicts care procedure.</p> <p>Actions addressing dissemination of the work and knowledge of the network centres.</p> <p>Establish the criteria for preferential internment of addicts in the homeless people care network.</p> <p>Analysis of the needs promoted by the homeless people commission of the Technical Forum on Addictions and the Homeless Forum (Government Area for Families, Equality and Social Welfare).</p> <p>Coordination with the Working Commission for Social Integration and Community Work (<i>Comisión de trabajo Inclusión social y Trabajo comunitario</i>) in line with the Agreement between the</p>	<p>No. of updates</p> <p>No. of dissemination actions.</p> <p>No. of meetings.</p> <p>% of agreements reached in regard to planned agreements related to addictions.</p>	



5. Provide action for homeless addicts at the Addictions Institute network and at the social network of care for homeless people

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
	Government Area for Families, Equality and Social Welfare and Madrid Salud.	No. of meetings.	<p>The procedure will be updated and disseminated during the period.</p> <p>The criteria for preferential internment of addicts in the homeless people care network will be established in the period.</p> <p>100% of the planned agreements will be implemented.</p>

10.2.6. Offer the necessary care, support and guidance to families of addicts

Intervention with the families of addicts has proven to be effective in achieving higher engagement with the treatment programmes by patients and their families, and also in increasing adherence to treatment, reducing the use of substances afterwards, improving the functionality of the family and facilitating normalisation of patients in regard to their social integration.

Family, not only the original family, but all types of different families that arise during adulthood are involved in the entire process, from the start of taking drugs through to the end of rehabilitation treatment. Family intervention must be adapted to the different situations of the patient's family environment in the rehabilitation process (partners, children, job changes, residence changes, etc.).

Two strategies are used with families at the CADs:

- As the treatment subject: Family members are the object of intervention with the aim of providing them support and guidance until the addict decides to undergo treatment.
- As the therapy agent: The objective here is to improve family functionality as a therapeutic agent in the recovery process of the person with the addiction problem, thus facilitating the change process in the family with a view to re-establishing the balance and health of the family unit.

Individual intervention

Family intervention in the case of adult patients is no different in general terms from intervention with the families of youths or adolescents with addiction problems. Emphasis is placed on promoting the autonomy and independence of the person within the family unit and taking on responsibilities regarding treatment and adult life.

There should be specific content in **intervention with partners** who are not consumers that they live with. These are as follows:

- Analysis and specification of the function of the substance in the affectionate relationship.



- Detection of gender-based violence.
- Detection of intrafamily violence (parents, children, etc.).
- Facilitate equal, balanced relationships.
- Increase bonding, shared activities.
- Dealing with parenting.

Partners who are not consumers and who accompany patients tend to be women. In many cases they are mothers and have family burdens (elderly parents, etc.), which places them in a more vulnerable situation.

Families who require more intensive or prolonged intervention are referred to the Madrid Platform of Entities for the Care for Addicts and their Families (*Plataforma Madrileña de Entidades Para la Asistencia a la Persona Adicta y su Familia*, FERMAD) through the Agreement between Madrid Salud and FERMAD to enhance family associationism in the area of addictions.

Group intervention

Intervention is carried out with the family providing that there are no disorders or circumstances that advise against it. The working aspects in group therapy include:

- Information about disorders involving the consumption of substances.
- Information on ICTS addictive conduct (social media, online betting, etc.).
- Information about conduct problems or gambling addictions.
- Defining the guidelines for habits in the family environment to work.
- Other consumptions or family addictions.
- Appropriate rules and limits.
- Behavioural signs of relapse.
- Family reaction in relapse processes.
- The significance of addiction symptoms in the family system.
- Managing communication tools.
- Emotional and anxiety management (appropriate expression of feelings).
- Self-care.
- Tackling conflicts and situations of intrafamily violence.
- Equal relationships without violence.
- Individual and family free time occupation.

Owing to the importance of family support throughout the patient's rehabilitation process, family advice and contact is considered as one of the supporting resources for treatment at

the Addictions Institute where they may be referred, particularly in specific cases of people with a dual pathology and young people.

6. Offer the necessary care, support and guidance to families of addicts

OBJECTIVES	ACTIONS	INDICATORS	GOALS
Provide families of persons on treatment with intervention that facilitates the treatment and addiction management process.	Individual intervention with the family members of addicts.	No. of family groups.	There will be at least one specific group for families at each of the seven CADs.
Provide guidance and strategies for families of addicts who are not on treatment.	Group intervention with families.	No. of individual family interventions.	
Improve family functionality.	Care for families of persons with addiction problems at the treatment and rehabilitation support resources.	No. of families attended to at FERMAD.	The family associations will participate in the consultations on preparing strategies, and on the Technical Forum on Addictions' committees.
	Care for families of persons with addiction problems at the treatment and rehabilitation support resources.		
	Days for families and patients.		
	Referral to FERMAD of families who need more intensive or prolonged intervention.		

ANNEX

SERVICE	PROFILE
ALCOHOL DETOXIFICATION HOSPITAL UNIT Hospitalisation of patients for detoxification from alcohol dependence (approximate stay of 14 days). Comprehensive treatment approach.	<ul style="list-style-type: none"> Patients with dependence on alcohol Severity of withdrawal symptoms, > of 20 points on the CIWA-Ar scale Presence of comorbidity. Prior diagnosis of alcohol withdrawal with delirium, seizures or psychosis. Severe social/family problems. Repeated failure in previous detoxification programmes.
DUAL PATHOLOGY HOSPITAL UNIT Hospitalisation of patients for psychiatric assessment, detoxification and withdrawal from alcohol and/or other drugs, who have psychopathologies associated with addictive conduct or there is a high degree of suspicion that they may have such. Comprehensive treatment approach. Approximate stay of 2 months.	People with alcohol and/or other drugs abuse or dependence, with concomitant psychopathology of the following types: <ul style="list-style-type: none"> Severe mental disorder in conjunction with addiction disorder entailing difficult clinical management at outpatient level. Mild mental disorder in conjunction with addiction disorder entailing complicated or difficult clinical management at outpatient level. People with alcohol and/or other drug addictions with high suspicion of concomitant mental disorder entailing difficult clinical management at outpatient level.
DUAL PATHOLOGY DAY CARE CENTRE <ul style="list-style-type: none"> Day care treatment for drug addiction and associated psychiatric diseases. Individual care programmes. Comprehensive approach. Hours from 9:30 am to 5:30 pm from Monday to Friday on working days. Approximate stay of 4 months.	Patients diagnosed with a Dual Pathology with one or more of the following characteristics: <ul style="list-style-type: none"> Low ability to cooperate with treatment as outpatients. Need to be removed from adverse socio-environmental situations. Risk conduct associated with consumption. Withdrawal lines of around two months and psychopathological stability.
TREATMENT COMMUNITY FOR PATIENTS WITH DUAL PATHOLOGY To provide the addict population with an internment treatment option considering the possibility of detoxification, withdrawal and acquisition of suitable conduct guidelines, making them able to subsequently continue their rehabilitation process and social integration. Objective: Comprehensive treatment approach. Approximate stay of 6 months.	People with alcohol and/or other drug abuse or dependence problems who also have a previously diagnosed concomitant mental disorders or when there is strong suspicion of such, even though it has not been established and: <ul style="list-style-type: none"> They need to be temporarily removed from their usual social environment. They have difficulties to achieve/maintain withdrawal at outpatient level without medical complications arising during detoxification. Previous outpatient treatment has been unsuccessful. They have achieved a certain degree of psychopathological stability. They need continuing, intensive re-education with a high level of contention by the resource.



SERVICE	PROFILE
THERAPEUTIC COMMUNITY FOR CHRONIC AND/OR COGNITIVE IMPAIRMENT PATIENTS <p>To provide the addict population with an internment treatment option considering the possibility of detoxification, withdrawal and acquisition of suitable conduct guidelines, making them able to subsequently continue their rehabilitation process and social integration.</p> <p>Approximate stay of 6 months.</p>	<ul style="list-style-type: none"> Long track records of consumption and multiple relapses. Presence of chronic diseases, in particular cognitive impairment. Way of life completely affected by consumption, making it advisable to temporarily remove them from their usual social environment. Severe behavioural deficits in their personal and social life. Lack of functional social/family support to consider other types of intervention. Previous failures with other treatment.
THERAPEUTIC COMMUNITY FOR THE EXCLUSIVE TREATMENT OF WOMEN WITH ADDICTIONS. <p>Treating for mood disorders: anxiety and depression.</p> <p>Attention to detect symptoms stemming from gender-based violence.</p> <p>Psychoeducation on and prevention of gender-based violence programme.</p> <p>Coordination, when necessary, with the Municipal Network for Comprehensive Care for Victims of Gender-based Violence.</p>	<ul style="list-style-type: none"> Addictions in women involve higher social stigma, and more frequently traumatic and violent situations. Although most women benefit from mixed care with a gender perspective, in some cases they require specific, exclusive treatment for certain profiles of women who are mostly victims of gender-based violence and who, owing to different causes, do not keep to mixed treatment.
TREATMENT SUPPORT COHABITATION RESOURCE <p>Provide addicts who do not have suitable family or social support with a space for cohabitation that favours stabilisation, adhesion to treatment and the rehabilitation and social integration process.</p> <p>Socio-educational intervention programmes.</p> <p>Individual and group psychotherapeutic interventions.</p> <p>Approximate stay of 6 months.</p>	<p>People with alcohol and/or other drug addictions who:</p> <ul style="list-style-type: none"> Need to be temporarily removed from their usual social environment. Do not have suitable family support. Have serious difficulties in their ability to organise their daily life. Are in the early stages of the rehabilitation process and cannot carry it out as outpatients. Are in situations of special vulnerability. Do not require a high level of control by the resource. After having been through other resources (UDH, CT, etc.), require an area of suitable cohabitation so that they can make further progress in their treatment.
TREATMENT SUPPORT COHABITATION RESOURCE FOR HOMELESS PEOPLE <p>Provide homeless addicts who do not have suitable family or social support with a space for cohabitation that favours stabilisation, adhesion to treatment and the rehabilitation and social integration process.</p>	<ul style="list-style-type: none"> Homeless people who lack any functional social/family support. People at risk of social exclusion without suitable social/family support. After having been through other resources (UDH, CT, etc.), require an area of suitable cohabitation so that they can make further progress in their treatment. Have serious difficulties in their ability to organise their daily life. Addicts in the early stages of the rehabilitation process who cannot carry it out as outpatients. <p>Do not require a high level of control by the resource.</p>
GENERAL REHABILITATION SUPPORT FLAT <p>A space for cohabitation by patients in an advanced stage of treatment, i.e., who are at an advanced stage of rehabilitation and social integration, but who lack suitable family support. This is run by a team of professionals who prepare them for social integration.</p>	<p>Elderly people with addiction problems who, having completed the first stage of withdrawal and rehabilitation at a CAD or CCAD, do not have suitable family or cohabitation support to permit furthering their social integration process in normalised contexts.</p> <p>They must not have consumed any drugs in at least 4 months.</p> <p>They are in an ideal situation to start or continue with occupational activities, training, professional training or employment, and are ready to use community resources and perform standard activities and to interact with their environment.</p>
SUPPORT FLAT FOR REHABILITATION OF DUAL PATHOLOGY PATIENTS <p>Sharing the same objectives as the general rehabilitation support flat but adapted to patients with concomitant psychiatric disorders and attended by a team of professionals who include psychotherapeutic treatment in addition to socio-educational intervention.</p>	<p>Patients of legal age who have completed the first stage of the addiction treatment but who do not have suitable family or cohabitation support to permit furthering their social integration process in normalised contexts.</p> <p>They must be in a stable situation regarding their addiction and psychopathological condition.</p> <p>They must not have consumed any drugs in at least 4 months.</p> <p>They are in an ideal situation to start or continue with occupational activities, training, professional training or employment, and are ready to use community resources and perform standard activities and to interact with their environment.</p> <p>They must have a minimum level of social skills that permits dealing with the demands of living in shared accommodation.</p>
SELF-MANAGED FLAT <p>This flat is for patients who have completed their stays at the rehabilitation flats and who now live under a self-managed regime, living alone and managing their own finances. They simulate an ordinary autonomous life with only external technical supervision. This means that they are in a stage of the process allowing them to experience managing their own lives autonomously and independently in a self-managed cohabitational resource.</p>	<p>Patients who have consolidated withdrawal from the consumption of drugs.</p> <p>They must have passed the established objectives in another rehabilitation support flat belonging to the Addictions Institute's care network or to another public network.</p> <p>They have their own financial resources from regular paid work or allowances enabling them to live independently and autonomously, or in default thereof, with the necessary financial contributions to manage their flats.</p>

SERVICE	PROFILE
DAY CARE CENTRES These centres provide spaces to cover basic needs (warmth, food, shelter and hygiene) and for relationships and occupational therapy. Create a group space to motivate and support treatment received at the CAD/CCAD. Red Cross Day Care Centre Places referred directly from SAMUR SOCIAL. Opening hours from 9:00 am to 7:00 pm. Cáritas Day Care Centre Opening hours from 9:00 am to 6:00 pm.	For alcohol and/or other drug abuse or dependence, having withdrawn or not, who need a place other than the street.
ADOLESCENT AND YOUTH TREATMENT DAY CARE CENTRE This centre adapts educational and therapeutical intervention to the psychoevolutionary characteristics of this age group. It develops protection factors which are determining for identity affirmation of these people (self-esteem, self-knowledge, peer pressure, conflict management). And to achieve suitable management of their impulses and emotions through self-control, personal autonomy and communication. This enables withdrawal in the case of addictions involving substances and gambling, and in the event of excessive use of technology, by establishing healthy limits of use. This enables the start and continuity of basic, academic or vocational training studies and/or starting a job. Guidelines are established for rational occupation of free time. Improve family functionality and their involvement in the treatment of adolescents and youths.	Targeting youths and adolescents aged between 16 and 24 years with addictions to substances, gambling and/or excessive use of new technologies, it comprises a space for treatment that provides intensive care, with a high degree of contention in a day care regime, combining a comprehensive approach, psychotherapeutic and occupational therapy when necessary.



11

CARE AND PREVENTION OF ADDICTION TO GAMBLING

The Addictions Institute is committed to this Plan to prevent and address gambling and videogame addiction disorders. It guarantees that the actions defined in the Municipal Strategy on care and prevention of gambling addictions approved by the Government Board on 3rd March 2022 will be implemented, in order to address this public health problem in a coordinated manner.

11.1. Introduction to the Municipal Strategy

The Plenary Meeting of Madrid City Hall, held on the 28th of January 2020, approved the work group to prevent and address gambling addiction disorders, consisting of prevention and healthcare areas, social support for families, the police and other areas as necessary in order to prepare, draft and approve a common strategy.

The following directorates participated in the work group, coordinated by the General Coordination of Districts, Transparency and Citizens' Participation (*Coordinación General de Distritos, Transparencia y Participación Ciudadana*).

- a) General Coordination of Families, Equality and Social Welfare (*Coordinación General de Familias, Igualdad y Bienestar Social*).
- b) General Coordination of Districts, Transparency and Citizens' Participation.
- c) General Coordination of the Mayorship (*Coordinación General de Alcaldía*).
- d) Madrid Salud's Management
- e) Activities Agency's (Agencia de Actividades) Management.
- f) General Sports Council.
- g) Directorate-General for the Municipal Police Force.
- h) General Coordination of Economy, Trade, Consumption and Partnerships (*Coordinación General de Economía, Comercio, Consumo y Partenariado*).
- i) Municipal Institute of Consumption.

The municipal gambling care and prevention strategy comprises the working framework in which establishing alliances and synergies between different areas of municipal activity is one of the main features. The objective is to implement public policies to coordinate the respective pluridisciplinary actions to reduce gambling problems in the City of Madrid, and in particular in the most underprivileged neighbourhoods.



This is aligned with the objectives of the National Drugs Plan implemented in the 2017-2024 National Strategy on Addictions and includes the current strategies and action plans in the Region of Madrid. It is likewise supported on a learning process and a level of specialisation that Madrid's City Council's Addictions Institute has acquired over years working on the prevention and treatment of addictions.

Ultimately, it is an instrument that is fundamental in order to address this problem comprehensively and transversally, taking into account the multicausal origin in which different biological, psychological, social and environmental risk factors intervene, and also to guarantee prevention actions based on evidence with an assessment of the impact and providing comprehensive care and treatment by specialist personnel.

In its commitment to providing services to its citizens and therefore adapting to new realities and needs, Madrid Salud included a number of questions on sports betting, poker betting, roulette betting, bingo and slot machine betting, etc., in its 2021 City of Madrid's Health Survey (the main tool for compiling information for the 2022 City of Madrid's Health Study). The aforementioned survey was carried out on a representative, randomised sample of 8625 residents in the city, and some of the main results can now be anticipated: 96% of the people interviewed stated they had never taken part in any betting games. Of the 4% who had, 72.9% were males.

1.4% of the sample replied that they gamble with a certain frequency or very frequently. Of the group that gambled very frequently, the group of young people (aged 15 to 29 years) accounted for 20% of the total, whereas 64% were aged 45 or over.

In regard to distribution by districts, the highest percentage of people who admitted to having gambled reside in mid-low development cluster districts (32.9%) compared to 20.4% who reside in more privileged areas.

The results of Madrid's report on the survey (ESTUDES) were obtained in 2018, showing that 9.7% of students in the municipality had betted online in the last 12 months. This prevalence increases notably when in-person betting is analysed, where the percentage increased to up to 22.6%.

It must be stated that these results do not mean that having betted always leads to a gambling addiction. Betting in itself forms part of the human condition. It is a source that facilitates development, learning, entertainment and fun. Nevertheless, in order to avoid, reverse and stop it becoming problematic or an addiction, preventive action and early intervention among adolescents and youths are both important and necessary, including working with their families and other role model adults.

Therefore, preventive intervention to delay the age people start gambling is very important, and also reducing their intention to gamble and the risk factors, while increasing protection (developing skills to control impulses, sociability, self-confidence, and early detection and treatment of the problem).

11.2. Background of the Addictions Institute



In the 2017/21 City of Madrid Addictions Plan, comprehensive, integrating care was included in its strategic prevention lines of action, both adolescents and youths and adults, in regard to new phenomena such as behavioural addictions (including pathological gambling and sports betting).

Hence, during this period a number of initiatives were extended or implemented to prevent and address pathological gambling disorders. These initiatives included:

- Citizen awareness and information: through the Addictions Prevention Service (PAD) website run by Madrid Salud, informative modules addressing citizens and Social Media profiles (Facebook, Twitter and Instagram, in addition to a YouTube channel on which messages on the prevention of gambling and other forms of betting go viral and informing about our resources). Campaigns such as “*Que no te l en, apostar no es un juego*” (Don’t get hooked, betting is a fool’s game).
- Training of education and mediation professionals, as well as social agents: through the Remote Training Classroom run by Madrid Salud’s PAD Service, offering Specialist Training Courses with university certificates.
- Counselling and support for people at risk and their families through the Family Guidance Service.
- Comprehensive treatment at the seven Addiction Care Centres and, where applicable, referral to the specialist healthcare network.
- Collaboration with citizens’ entities through subsidies for social entities working on projects to prevent addictions, support treatment and rehabilitation of addicts.

11.3. General objectives

The Addictions Institute establishes the following general objectives in accordance with its competences (aligned with the Municipal Strategy axes):

1. Prevent conducts of risk and addiction to gambling and videogames through awareness and other preventive activities.
2. Comprehensive, specialist treatment for affected persons and their families.
3. Specific actions in more vulnerable areas.

11.3.1. Prevent conducts of risk and addiction to gambling and videogames through awareness and other preventive activities

Prevent addictions via the internet and presence on social media through the Addictions Prevention Service (PAD) website, run by Madrid Salud, consisting of informative modules addressing citizens, which will also be made available on Social Media (Facebook, Twitter and Instagram). Furthermore, we run a YouTube channel on which messages on the prevention of gambling and other forms of betting and videogames go viral.

Another of our actions is the preparation and dissemination of specialist training courses with university certificates through an online platform (Madrid Salud's PAD Service's Online Training) since this is fundamental to detect cases and raise awareness among citizens, and also to encourage the training of teachers, mediators and social agents.

The Addictions Institute has the goal of reaching the more vulnerable people, such as young people in this case. Consequently, prevention of addictions takes the approach of a Prevention Support Service. In turn, counselling and support for people at risk and their families through the Family Guidance Service will be provided. Another of the important factors regarding prevention in young people is collaboration and coordination with the Municipal Police Force Tutors.

A training programme for instructors has also been included to align and coordinate messages and content delivered by the different areas who intervene in the municipal Strategy, and to enhance coordination and collaboration with the Education Council (*Consejería de Educación*) to continue training teachers, raising awareness among students and informing Parents of Students Associations (*Asociaciones de Madres y Padres de Alumnos*, AMPAS) through social education teams in the network, about the risks associated with addictions, including gambling and excessive screentime, use of social media and videogames.

Finally, the Addictions Institute undertakes to announce and coordinate subsidies for non-profit organisations for projects of community interest in the area of the prevention of addictions without substances.

11.3.2. Comprehensive, specialist treatment for affected persons and their families

This line of work includes the actions by the seven Addiction Care Centres who offer comprehensive interdisciplinary intervention for people at risk of addiction or with established addictions, and their families.

The number of personnel and training have been reinforced since 2020 and new resources have been created, both in regard to treatment and rehabilitation. Existing ones have also been adapted in order to deal with addictions involving substances and behavioural addictions including gambling, videogames, excessive screentime and social media. In the last year, around 100 people have been treated for gambling addictions at the CADs, and 260 people who also have other addictions (mainly alcohol and cocaine).

The general objective of treatment is to provide comprehensive bio-psychosocial treatment for gambling addicts that provides them with the personal and social tools to protect them and help them face risk situations and to eliminate or at least minimise the associated harm, and also to offer care for their families.

A new Day Care Centre for people aged under 25 was opened in 2021, where gambling disorders are addressed. Resources to support treatment and rehabilitation have been adapted by the Addictions Institute (dual pathology centre, therapeutic communities and residential resources) in order to provide a more specific, specialised service to treat addictions of this type. It also promotes integration through job preparation workshops and the Labour Guidance Service (SOL) for the affected population.



Similarly, among the items that make people more vulnerable at this age in regard to developing addictions, apart from peer pressure, the presence of concurrent psychopathology (dual pathology) deserves a special mention, as this can considerably increase the risk of addiction, and therefore detecting it early on is very important. In severe cases of dual pathology, where other mental disorders concur, new lines of coordination and collaboration with the Region of Madrid Mental Health network will be opened up in the near future.

The treatment model is implemented in the following stages: analysis, assessment and diagnosis, withdrawal and overcoming withdrawal symptoms, a new lifestyle and prevention of relapses. Objectives and specific actions are set for each of these stages, which will be established in the gambling protocol currently under preparation.

Families play a very important roles in encouraging addicts to follow the process, review and check tasks, and to encourage them through the progress they make. The intervention objectives with the families include: providing necessary information about addictive behaviour, eliminating or reducing family behaviours that could be facilitating the gambling habit, establishing rules within the family unit regarding money, organisation of their environment, timetables, participation in communal family events, etc.

Intervention may be individual and/or in groups.

In some cases, intervention to reduce the risks and harm is necessary, with the general aim of ensuring that the negative consequences of pathological gamblers are reduced as much as possible. The aim is not to teach them to control how they gamble, but rather to reduce the negative effects of gambling. Withdrawal can be a mid or long-term objective.

11.3.3. Specific actions in more vulnerable areas

Develop a specific prevention and intervention programme for gambling risks in adolescents and youths in the districts that are most vulnerable to this type of problem. Consequently, the “*La contrapartida*” programme was implemented with the aim of raising awareness, preventing and early detection of the risks and problems associated with gambling and sports betting.

The programme is based on three lines of action:

- Awareness and dissemination actions targeting all citizens, with special emphasis on the active use of social media.
- Actions specifically targeting adolescents and youths through intervention at schools and community environments.
- Actions targeting role model adults providing them with information and training in order to detect risk indicators.

11.4. Operational planning

1. Prevent conducts of risk and addiction to gambling and videogames through awareness and other preventive activities

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Prevention and awareness through the different resources run by the City Council for groups of young people aged under 25 years.	Prevention of addictions via the internet and presence of the PAD Service on social media.	No. of posts on social media. No. of awareness actions carried out. No. of followers on social media. No. of visits to the website.	Quarterly update of gambling content on the website.
	Space for young people to prevent addictions through leisure activities in the San Blas district.	No. of leisure actions carried out in San Blas.	100% of the forecasted indicators and the indicators requested by the districts will be assessed and notified.
	A new space for young people in Villaverde to prevent addictions in the community environment.	No. of leisure actions carried out in Villaverde.	
	Dissemination of awareness actions for citizens: on problems related to videogames and gambling through the programme "LA CONTRAPARTIDA" (social media: Facebook, Instagram, Twitter, Tik Tok and Youtube).	No. of views of "La Contrapartida" on social media. No. of posts on "La Contrapartida" on social media. No. of followers of "La Contrapartida" on social media.	
	Awareness actions on gambling by the Social Education Team.	No. of participants in the Prevention Support Programme in Educational Environments (Students and Teachers).	
	Development of a collaboration project with the Region of Madrid's Education Council to train teachers, raise awareness among Year 6 and 7 students and Secondary School students, and to inform Parents of Students Associations about the risks associated with addictions, including gambling and excessive screentime, use of social media and videogames.	No. of participants in the Prevention Support Programme in Community Environments (Adolescents, Youths and Professionals).	At least 90% of the received applications for gambling awareness and prevention actions will be dealt with.
	Early detection among adolescents and youths who show signs of risks of gambling and/or sports betting disorders, and videogames.	No. of persons attended to at risk of addiction.	100% of the planned actions at schools will be carried out.
	Specialist counselling and support for people at risk and their families through the Family Guidance Service (SOF).	No. of families attended to at the SOF.	At least 80% of adolescents and youths at risk will be attended by a professional within the maximum period of 7 calendar days from initial contact. At least 90% of users will be attended to within the maximum of 7 calendar days from initial contact.



Prevention and awareness through the different resources run by the City Council for groups of young people aged over 25 years.	<p>Prevention actions targeting personnel at Madrid's City Council within the framework of actions carried out with Occupational Health.</p> <p>Prevention actions targeting people at our resources and social entities in the City of Madrid.</p> <p>Specialist counselling for people at risk and their families through the professional teams at the 7 Addiction Care Centres.</p>	<p>No. of actions.</p> <p>No. of trained persons.</p> <p>No. of training actions.</p> <p>No. of trained persons.</p> <p>No. of counselled and supported persons.</p>	<p>Fulfilment of 100% of the actions established in the addictions prevention Programme in Madrid's City Council's working environment.</p> <p>At least six publications per year with information on the prevention of addictions among the general population will be published.</p>
Train education and mediation professionals, as well as social agents.	<p>Training through Madrid Salud's PAD Service's Remote Training Classroom, which holds Specialist Training Courses with university certificates.</p> <p>Development of an "INSTRUCTOR FOR INSTRUCTORS" programme to align and coordinate the messages and content delivered by the different areas.</p>	<p>No. of training actions carried out.</p> <p>No. of trained education and mediation professionals, as well as social agents.</p> <p>No. of training actions carried out.</p> <p>No. of trained groups.</p> <p>No. of trained persons.</p>	<p>100% of the planned training sessions will be carried out.</p>

2. Comprehensive, specialist treatment for affected persons and their families

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Provide comprehensive, specialist treatment for people with gambling disorders.	<p>Comprehensive outpatient treatment at the seven Addiction Care Centres and, where applicable, internment in the treatment support resources and rehabilitation, and/or in the Mental Health network.</p> <p>Creation of a work group to establish coordination actions to detect affected persons among the user population of social resources and to refer them to Madrid Salud's programmes and services (Addictions Institute).</p> <p>Collaboration, through calls for subsidies with Social Entities, for prevention, treatment support and rehabilitation of addicts.</p> <p>Promote integration through job preparation workshops and the Labour Guidance Service (SOL) for the affected population.</p> <p>Adaptation of treatment and rehabilitation support resources by the Addictions Institute (dual pathology centre, therapeutic communities and residential resources).</p> <p>Reinforce the CADs' treatment team with new professionals to deal with affected persons.</p> <p>Coordination and collaboration line with the Region of Madrid's Mental Health network.</p>	<p>No. of persons attended to at the CADs.</p> <p>No. of referred persons.</p> <p>No. of workshops held.</p> <p>No. of persons attended to at the SOL.</p> <p>No. of persons attended to in treatment resources.</p> <p>No. of new professionals.</p> <p>No. of referred persons.</p>	<p>A specific care programme will be made available, specialising in gambling at the CADs, and at all the treatment and rehabilitation resources.</p> <p>100% fulfilment of agreements planned in coordination with the Mental Health Network of the Region of Madrid will be effective.</p>

2. Comprehensive, specialist treatment for affected persons and their families

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Intervention with the families of people with gambling disorders.	Family therapeutic intervention through the CADs' teams.	No. of families attended to.	

3. Specific actions in more vulnerable areas

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Attend to the zones with highest incidence rates.	<p>Develop the prevention and early intervention programme "La Contrapartida" regarding gambling risks featuring awareness actions, actions to provide adolescents and youths with the necessary prevention tools to reduce the intention of gambling and avoid risk conducts, and also actions targeting role model adults in the Latina, Carabanchel, Usera and Tetuán districts.</p> <p>Implementation of phase II of the "La Contrapartida" prevention and early intervention programme on gambling in the following districts: Latina, Carabanchel, Usera, San Blas, Moratalaz, Villa de Vallecas, Villaverde, Vicálvaro, Puente de Vallecas, Tetuán, Centro and Ciudad Lineal.</p> <p>Implementation of phase III of the "La Contrapartida" prevention and early intervention programme on gambling in the Fuencarral, Chamartín, Moncloa, Barajas, Chamberí, Salamanca, Retiro, Arganzuela and Hortaleza districts.</p>	<p>No. of young persons participating in community activities.</p> <p>No. of young persons participating at schools.</p> <p>No. of participating adult role models.</p> <p>No. of young persons participating in community activities.</p> <p>No. of young persons participating at schools.</p> <p>No. of participating adult role models.</p> <p>No. of young persons participating in community activities.</p> <p>No. of young persons participating at schools.</p> <p>No. of participating adult role models.</p>	Extension of the "La Contrapartida" programme to all the planned districts.



12 COORDINATION AND NETWORKING

The Addictions Institute undertakes to carry out work to unite, connect and engage all participating parties and their actions which are necessary to intervene in the treatment of addictions.

12.1. Background

Working with addictions requires a plural, comprehensive response, which is only possible through coordination between the different services, programmes and institutions who are responsible for any of the parts comprising this Plan. The said coordination is just as necessary as it is complex. However, the complexity of the matter comprises a fundamental challenge, since only through a suitably coordinated strategy can there be any success in the intervention and ability to create mutual synergies between the different agents involved in this issue. Therefore, alliances are promoted with the stakeholders as shown in the following table:



The first Technical Forum on Addictions was established in Madrid in 2018 as the Governing Body. Its functions are as follows:

1. To analyse and monitor the addictions situation in the City of Madrid.
2. To discuss the subjects related to addictions that require implementation of new actions.
3. To establish the coordination procedures between the different departments of the City Council and other entities who carry out their activity in relation to addictions.
4. To inform and raise awareness among the population about addictions and to address them.

12.2. General objectives

1. Develop and improve coordination strategies with stakeholders.
2. Develop the coordination functions of the Technical Forum on Addictions.

Develop and improve coordination strategies with stakeholders.

The City of Madrid's Addictions Plan has the objective of providing a response to a complex, multi-causal, multi-dimensional reality, i.e., the problem of addictions and the harms and risks associated with them.

Coordination with all the structures competent for this problem is just as necessary as it is complex. The difficulty that implementing and maintaining the coordinated structures, processes and protocols between the different institutions involved in the issue of addictions entails is sometimes one of the main obstacles the networks have to overcome in order to provide suitable responses to the different personal, family and social realities. However, the complexity of the matter comprises a fundamental challenge, since only through a suitably coordinated strategy can there be any success in the intervention and ability to create mutual synergies between the different agents involved in this issue.

The Addictions Institute coordinates a considerable network of centres, programmes and services with the aim of preventing addictions in the City of Madrid and providing comprehensive treatment for addicts. This wide, diverse network requires constant coordination with networks and services, both national and international, regional and local to achieve its objectives. This will permit complementing actions, thus providing a more plural response to the needs that people affected by addictions actually require, including their families and society as a whole.

At international level, the Addictions Institute holds open lines of collaboration and coordination with other cities and countries regarding aspects such as:

- Coordination with the Government Branch of the National Drugs Plan in the training of experts and designing and preparing addiction intervention plans in other countries, and also in international cooperation programmes.
- Participation at international addiction forums.

- Receiving delegations of politicians and experts from other countries in order to present programmes, services, coordination systems, assessments, etc.

Obviously at national level the Addictions Institute's actions are all aligned with the National Drugs Plan's strategy through constant coordination in the development of programmes, research and publications.

Coordination with the Spanish Federation of Townships and Provinces (*Federación Española de Municipios y Provincias*, FEMP) is also fundamental for the preparation of technical documents and publications on addictions, training activities, research and the dissemination of activities and programmes.

As far as regional coordination is concerned, encouraging the establishment of agreements and creating stable coordination structures with the Regional Mental Health Office responsible for action on addictions in the Region of Madrid is necessary. This will facilitate joint planning of actions dealing with addictions in the territorial scope of the City of Madrid. Moreover, coordination is necessary to ensure that people with a dual pathology receive the right treatment through coordination by both networks. Likewise, coordination and collaboration with the Region of Madrid's Education Council is necessary to implement prevention programmes at schools.

One of the priority objectives of this Addictions Plan is to work in conjunction with Primary Healthcare services with a view to facilitating prevention actions, providing citizens with access to both networks, and also treatment, normalisation and social integration of our patients. These joint actions are considered to be indispensable in the case of people addicted to sleeping pills.

In regard to coordination with the Tertiary Sector, we will continue to coordinate and collaborate with entities who deal with addictions in regard to developing comprehensive treatment programmes for addictions, training, research, care for families, community mediation, etc., and also to support association movements through an annual announcement of subsidies for projects that complement the main lines of action carried out by the Addictions Institute.

It is also necessary to reinforce and deepen collaboration with Universities and Professional Societies, hospitals and of course with Scientific Societies so that joint actions in regard to training, research, care and rehabilitation and social awareness on addictions can be carried out.

Finally, the municipal policy requires fluid coordination between the different municipal departments and services. We transversally participate in many Plans and Strategies, creating synergies and joining efforts, such as the Madrid Infancy and Family Plan and the Madrid Action Plan for a Safe City for Women and Girls (2021-2023). The Addictions Institute plays a very important role in "*Opción Madrid*," the Municipal Strategy on Care and Prevention of Gambling Addictions (2020/25) as approved by the Governing Board on 3rd March 2022.

- Government Area for Families, Equality and Social Welfare.
Through the Collaboration Agreement between the Government Area for Families, Equality and Social Welfare and Madrid Salud, the Addictions Institute takes part in different working commissions in order to effectively implement the measures included in the document *Acuerdos de la Villa*, as agreed by all the municipal political

groups on 7th July 2020, which strongly emphasize socio-healthcare. More specifically, addictions, homeless people, awareness of gender-based violence and care for victims, care for vulnerable families, promotion of public health in municipal services, promotion of emotional wellbeing, care for the elderly and LGTBI people are addressed together.

In conjunction with the Directorate-General for Families, Childhood, Education and Youth, we take part in healthy leisure actions, coordinating leisure offers at educational centres. Coordination with the Directorate-General for Social Inclusion in order to implement strategic lines for the most vulnerable people, as is also the case with the Directorate-General for Social Services and Social Emergency. Joint action protocols to respond to the needs of different patient profiles and to facilitate their process of change and social integration with the Directorate-General for the Elderly and the Directorate-General for Equality and Gender-Based Violence Policies are also required.

- Government Area for Culture, Tourism and Sport (*Área de Gobierno de Cultura, Turismo y Deporte*): Cooperation with the General Sports Council is fundamental through the social inclusion programme regarding the agreement between the General Sports Council and the “*Deporte y Vida*” Association.
- Government Area for the Environment and Mobility (*Área de Gobierno de Medio Ambiente y Movilidad*) for the development of rehabilitation programmes related to caring for parks and activities in urban vegetable gardens.
- Delegated Area of Territorial Coordination, Transparency and Citizen Participation, where development and monitoring of actions to improve the quality of the services provided to citizens by the Addictions Institute is carried out, and also the actions pertaining to it from “*Opción Madrid*” the Municipal Strategy on Care and Prevention of Gambling Addictions. Likewise, the Addictions Institute manages many resources and programmes in certain districts, which are financed through Territorial Levelling-up Plans (Proximity care services in different districts, the “*La Contrapartida*” programme, the harm reduction centre in La Cañada Real, youth centres to prevent addictions, etc.). Coordination with the Municipal District Councils to monitor these programmes and their collaboration with the CAD in each district is fundamental.
- Government Area Spokesperson, Security and Emergencies to which Madrid Salud belongs. With the Directorate-General for the Municipal Police Force, which plays an important role in controlling and reducing the availability of alcohol and other drugs, the Addictions Institute collaborates through different actions targeting young people on the prevention of addictions and with SAMUR-Civil Defence who also treat youths and adolescents with alcohol or other drugs poisoning. Collaboration in prevention programmes with tutors is also very important.
- Madrid’s Employment Agency, with the aim of furthering the development of joint protocols. We closely collaborate to increase access to training.
- Madrid Salud: in order to carry out its actions, the Addictions Institute is supported by Madrid Salud’s other Sub-directorates, both in regard to managing the scope of the services it provides to citizens, and in regard to the prevention of addictions in



the working environment at Madrid's City Council and its autonomous organisations. Madrid Salud's Board of Directors, presided by its General Manager, promotes and facilitates coordination between the different Sub-directorates, Assessment, Quality and Sustainability Department and the Communications Department to ensure more comprehensive action and more effective responses to Madrid's health challenges.

Collaboration and coordination with the Sub-directorate General for Prevention and Health Promotion is important for the care provided to citizens, which is carried out with: Madrid Salud's Community Health Municipal Centres (CMSc) for developing programmes and community intervention, the Montesa Diagnosis Support Technical Departments, Pharmacy Department and Clinical Analysis Laboratory.

Develop the coordination functions of the Technical Forum on Addictions.

The Technical Forum on Addictions in the City of Madrid has become a key component in regard to coordination among the different players working on addictions in Madrid because of the functions entrusted to it. It consists of five technical commissions:

TECHNICAL FORUM ON ADDICTIONS 2017-2021 City of Madrid's Addictions Plan		Work done
COMMISSIONS	MEMBERS	
Family Intervention	Addictions Institute Madrid Salud's Sub-directorate General for Prevention and Health Promotion Directorate-General for the Elderly. Directorate-General for Families, Childhood, Education and Youth. Red Cross. FERMAD.	Dissemination of intervention work and care for families in Madrid Salud's CMSc. Preparation of a Questionnaire for the CAD and CCAD to identify patients responsible for caring for elderly people. Compilation and analysis of results. Guide for professionals and users of the CADs who are "carers," defining the resources that may be necessary and how to access them. Revision of family intervention methods, identifying the features of different family structures.
Adolescents and youths.	Addictions Institute Madrid Salud's Sub-directorate General for Prevention and Health Promotion Families, Equality and Social Welfare Department: Sub-directorate General for Education and Youth. Children's Education and Other Programmes Service. Social Risk Prevention during Childhood and Adolescence Dept. Directorate-General for Security: Highway Safety Dept. Participation and Coexistence Dept. FERMAD. Red Cross Youth.	Preparation of a common tool for information and dissemination of the municipal services for addictions at schools. Presentation and publication of the tool. Intervention at community level: preparation of a questionnaire for compiling information on the needs of adolescents and youths outside of schools (the commission's previous objective), which will be referred to different entities who work on childhood and adolescence. Preparation of a common tool for information and dissemination of the intervention at community level.
Homeless drug addicts and other groups at risk of social exclusion.	Addictions Institute Samur Social and Social Emergency Dept. Homelessness and Care for the Homeless Dept. Red Cross. Cáritas FERMAD. EAPN Madrid FACIAM Madrid Salud Assessment and Quality Department. Social Inclusion Dept. of the Directorate-General for Social Services and Social Emergency	Preparation of key indicators to monitor the homeless persons' with addictions care procedure. Revision of the indicators, compilation and determination of difficulties to achieve them. Determination of the tasks to be performed by the commission on the prevention of homelessness among the population of addicts at risk of social exclusion. Preparation of a document of best practices in dealing with homeless women with addiction problems. Revision of the resources for young people in situations of socio-residential exclusion. Preparation of an internal exchange day by the Addictions Network and the Care for the Homeless Network, which should have been held on 11th March



TECHNICAL FORUM ON ADDICTIONS 2017-2021 City of Madrid's Addictions Plan		Work done
COMMISSIONS	MEMBERS	
		2020, but was suspended a few days earlier because of the COVID-19 pandemic.
Social integration and employment	Addictions Institute: Sub-directorate General for Active Employment Policies. Employment Agency Primary Social Care Planning and Management Dept. Red Cross. Atenea Foundation FERMAD.	<p>Agreement with the Employment Agency by means of which the Addictions Institute has a limited number of places on each training course (Training and Employment Workshops, Professional Certificate Courses, Grants, etc.) providing that the people meet the access requirements.</p> <p>Restructuring of the training workshop offer on basic pre-labour abilities and skills so that the people who complete them are in a better position to access other more demanding courses or workshops, but with more favourable job prospects.</p> <p>Promotion of the training offer for adults and young people aged between 16 and 24 years.</p> <p>Revision of the Social Exclusion Protocol to optimise it with significant improvement proposals.</p>
Gender perspective in addictions.	Addictions Institute Madrid Salud's HR Sub-Direcorate. Municipal Police Force: Coexistence and Prevention Unit. Directorate-General for Equality and Gender-Based Violence Policies. Red Cross. FERMAD. Health and Community Foundation.	<p>Preparation and application of a questionnaire on the gender approach for the staff at the CADs.</p> <p>Assessment and analysis of the results from the survey on the needs that women perceived when receiving care at the centres.</p> <p>Application of a common questionnaire for professionals at the CADs and the gender-based violence care resources.</p> <p>Revision of the strategic lines of the Addictions Plan.</p> <p>Design of a joint update day with the victims of gender-based violence networks.</p>

12.3. Operational planning

1 Develop and improve coordination strategies

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Promote coordination with international addiction networks.	<p>Participation by the Institute on international forums.</p> <p>Holding informative activities/visits with international entities.</p>	<p>No. of international forums in which it participates.</p> <p>No. of activities or visits.</p>	
Develop permanent coordination lines in regard to addictions with the National Drugs Plan and the Spanish Federation of Townships and Provinces.	<p>Participation in training actions sponsored by the National Drugs Plan.</p> <p>Update of the Addiction Institute's information on the National Drugs Plan (PNSD) and the Spanish Federation of Townships and Provinces' (FEMP) websites.</p> <p>Collaboration in studies sponsored by the PNSD.</p>	<p>No. of training actions participated in.</p> <p>No. of annual training actions sponsored by the PNSD in regard to those offered.</p> <p>No. of updates included annually on the National Drugs Plan (PNSD) and Spanish Federation of Townships and Provinces' (FEMP) websites.</p> <p>No. of studies sponsored by the PNSD in which the Addictions Institute takes part annually.</p>	
Promote coordination with the Region of Madrid.	<p>Collaboration with the Regional Mental Health Office in regard to treating addictions.</p> <p>Collaboration with the Education Council to develop preventive programmes in educational environments.</p>	<p>Percentage of annual coordination activities with the Regional Mental Health Office in regard to the planned activities.</p> <p>Percentage of schools where annual prevention programmes are held compared to those planned.</p>	100% of the planned coordination sessions with the Regional Mental Health Office will be carried out.



1 Develop and improve coordination strategies

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
	Coordination with Primary Healthcare services to detect, train and collaborate in treatment.	Percentage of annual coordination activities with the Primary Healthcare services in regard to the planned activities.	100% of the planned training sessions will be carried out.
Develop lines of coordination and networking with other departments of Madrid's City Council.	Working commissions to implement the measures included in the document <i>Acuerdos de la Villa</i> through the Collaboration Agreement between the Government Area for Families, Equality and Social Welfare and Madrid Salud.	No. of coordinated activities. Agreements and collaboration activities.	100% of the planned coordination sessions with Primary Healthcare will be carried out.
	Coordination with tutors and SAMUR Civil Defence in actions addressing youths and adolescents.	No. of agreements and collaboration activities.	
	Development and monitoring of the relevant actions of " <i>Opción Madrid</i> ", the Municipal Strategy on Care and Prevention of Gambling Addictions.	No. of coordinated activities.	
	Development, assessment and monitoring of resources and programmes in certain districts, funded through the Territorial Levelling-up Plans.	Percentage of assessed and notified indicators for each programme by the Addictions Institute in regard to those planned.	100% of the forecasted indicators and the indicators requested will be assessed and notified.
	Coordination with Local Councils.	Percentage of meetings held in regard to planned meetings. Percentage of assessed and notified indicators for each programme by the Addictions Institute in regard to those planned.	100% of the planned coordination meetings will be carried out. 100% of the forecasted indicators and the indicators requested will be assessed and notified.
	Cooperation through the social integration programme of the agreement between the General Sports Council and the " <i>Deporte y Vida</i> " Association.	Percentage of sports actions carried out in regard to those planned.	100% of the planned sports actions will have been carried out.
	Coordination with the Employment Agency.	No. of coordination meetings. Percentage of assessed and notified indicators for each programme by the Addictions Institute in regard to those planned.	100% of the forecasted indicators and the indicators requested will be assessed and notified.
Support the association movement to develop prevention programmes and resources to support addiction treatment and rehabilitation.	Annual announcement for Subsidies.	Euros.	Hold an annual announcement for subsidies and subsidy agreements.
	Subsidy through the Agreement between Madrid Salud and the Madrid Platform of Entities for the Care for Addicts and their Families (FERMAD) to enhance family associationism in the area of addictions. Subsidy between Madrid Salud and the Spanish Union of Drug Addicts Care Associations and Entities (<i>Unión Española de Asociaciones y Entidades de Atención al Drogodependiente</i> , UNAD) for the development of a training programme, research and awareness on addictions.	Percentage of indicators assessed by the Addictions Institute in regard to those planned. Percentage of indicators assessed by the Addictions Institute in regard to those planned.	100% of the forecasted indicators and the indicators requested will be assessed and notified. 100% of the forecasted indicators and the indicators requested will be assessed and notified.

1 Develop and improve coordination strategies

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Develop collaboration lines with universities, professional societies and scientific societies.	Collaboration with universities and professional societies. Collaboration with scientific societies.	Percentage of annual coordination activities in regard to the planned activities.	100% of the planned actions and collaboration will have been carried out.
Develop lines of coordination and collaboration with Madrid Salud's Sub-directorate General for Prevention and Health Promotion.	Collaboration and coordination with Community Health Municipal Centres. Collaboration with the Montesa Diagnosis Support Technical Departments, Pharmacy Department and Clinical Analysis Laboratory.	Agreements and collaboration activities.	

2 Develop the coordination functions of the Technical Forum on Additions

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Encourage coordination functions by the Technical Forum on Additions.	Plenary meetings. Work group meetings by the five commissions.	Percentage of plenary meetings held in regard to planned meetings. Percentage of meetings held by the five commissions in regard to the planned meetings. Percentage of fulfilment of the activities planned by the commissions each year.	100% of the planned plenary meetings will have been held. 100% of the planned meetings by the commissions will have been held. 100% of the planned activities will have been carried out.



13

QUALITY AND CONTINUOUS IMPROVEMENT

The Addictions Institute undertakes to guarantee the quality and continuing improvement of the services it provides, and therefore it bases its activity on an innovative working style, participative leadership, engagement by its personnel and service guidance and citizen satisfaction.

13.1. Background

The Addictions Institute has aligned with the 2019-23 Quality Plan by Madrid's City Council, which promotes quality at all levels within the organisation. Its basic management objectives include achieving excellence in all its services, a citizen-centric approach and professional development of its staff.

In 2020, the Ministry of Territorial Policy and Public Function (Secretariat of State of Public Functions, Directorate-General for Public Governance) awarded Madrid Salud the second prize for Excellence in Public Management, at the 13th Edition of the Public Management Innovation and Quality Awards.

In 2021, the Sub-directorate General for Addictions was awarded the Gold Medal for the Order of Merit of the National Drugs Plan by the Ministry of Health, for its extraordinary merits regarding the problem of drugs and the people affected by them.

In 2022, Madrid Salud was chosen to represent Spain in a European study on the enhancement of Community Public Administrations following the crisis caused by the COVID-19 pandemic, using the same model, the Common Assessment Framework (CAF).

In 2022, Madrid Salud renewed its Certificate of Level of Excellence awarded after a Self-assessment, in accordance with the CAF form (CAF 500+) which was originally obtained in 2019.

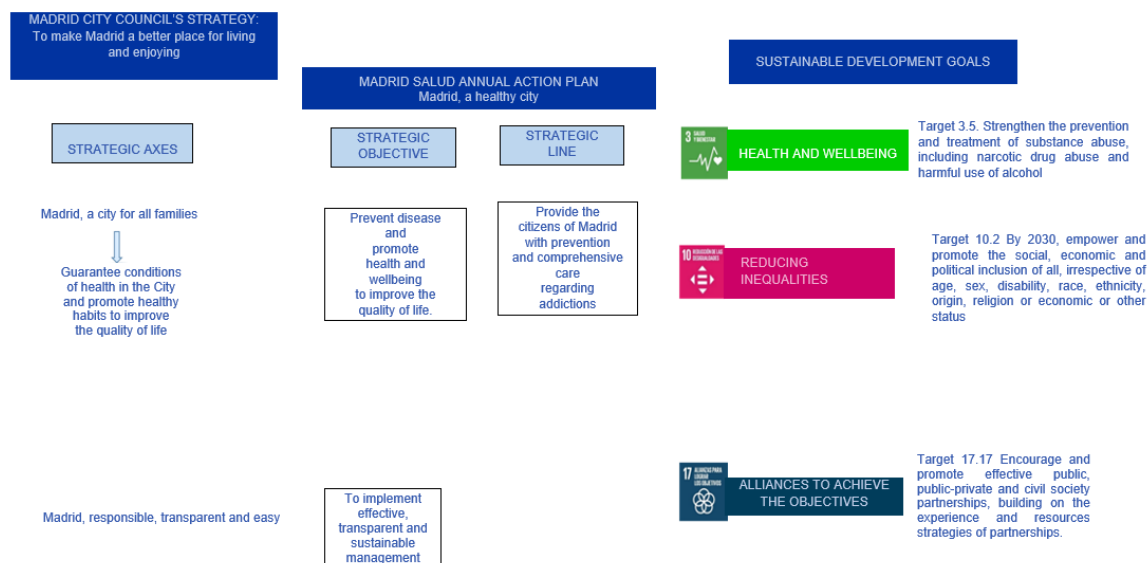
In 2022, Madrid Salud renewed its CAF 500+ Seal of Excellence, which was originally obtained in 2019 following the self-assessment performed in accordance with the CAF form.

13.2. General objectives

1. Guarantee and promote quality at all levels of the organisation, updating and assessing the processes and services provided through establishing management indicators and quality standards.
2. Effectively and efficiently manage the services in a participative, transparent way, continuously improving them and being accountable to citizens.
3. Promoting the development of knowledge: training, research and teaching.

13.2.1. Guarantee and promote quality at all levels of the organisation, updating and assessing the processes and services provided through establishing management indicators and quality standards

The Addictions Institute designs its strategies in a search for excellence and in alignment with the Government's Plans and the organisation's strategic lines, and also with the 2030 Agenda for the Sustainable Development Goals in the City of Madrid.



5 actions assigned to Madrid Salud's Addictions Institute were commissioned in the 2019-23 Government Operational Plan within the Strategic Axis "Madrid, a City for All Families" with the strategic goal of *Guaranteeing the Health of the City and Promoting Health Habits to Improve the Quality of Life*, which are as follows:

1. Implementation of the 2017-21 Addictions Plan. Preparation and approval of the new 2022-26 Addictions Plan.
2. Reinforcement of the Addiction Care Centres network for behavioural addiction problems and health support for the homeless.
3. Implementation of programmes for homeless people. Healthcare support and reduction of harm caused by addictions.
4. Prevention and care programme regarding problems caused through sports betting and gambling and excessive use of ICT.
5. Support for association movements. Announcement for annual subsidies for the tertiary sector.

The actions by the Addictions Institute are carried out through Strategic Line 6 of Madrid Salud's Annual Action Plan: To provide Madrid's citizens with prevention and comprehensive care in regard to addictions, which will be assessed through fulfilment of Madrid Salud's Action Plan's objectives and will be recorded in Madrid Salud's annual report.

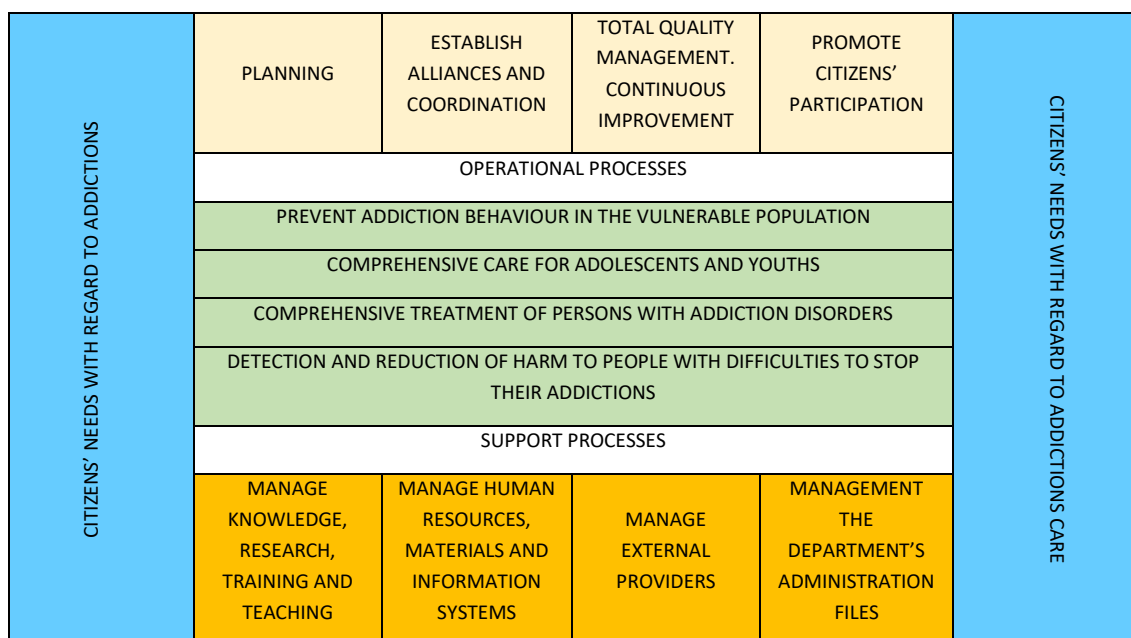
Addictions Institute Indicators (2021 Madrid Salud Annual Report)

Indicator	2014	2015	2016	2017	2018	2019	2020	2021
Students who receive training on drug prevention	6,129	7,048	10,538	9,888	14,176	16,698	6,267	23,202
Teachers who receive training on drug prevention	434	1,010	1,365	1,225	1,639	1,424	961	1,396
No. of families attended to in the Addictions Prevention Programme	528	638	1,912	2,712	2,407	2,940	1,737	1,712
Persons on treatment at the CAD and CCAD.	8,765	8,946	8,493	8,674	8,945	8,903	8,589	9,157
Persons diagnosed with a dual pathology on treatment at the CAD and CCAD.	2,973	3,475	3,430	3,324	2,886	2,843	2,668	2,385
Homeless people on treatment at the CAD and CCAD.	583	582	581	592	654	751	654	725
No. of adolescents with addiction criteria who receive care at the CADs per year	617	605	459	657	710	757	662	731
No. of families of addicts attended to at the CAD and CCAD.	1,861	2,497	1,517	1,569	1,591	1,582	949	1,053
Labour insertion of people on treatment at the CAD and CCAD.	389	524	503	522	489	623	430	622
Arrested persons counselled by the SAJIAD	3,951	3,548	4,254	4,811	4,412	5,013	2,862	4,501
Interventions by the Community Mediation Programme on Addictions	1,695	1,609	1,583	1,800	1,846	1,894	1,771	2,203
No. of research projects conducted	2	5	3	3	2	1	1	3
No. of ongoing research projects	12	9	11	11	11	7	4	2

In the period 2017-2021, progress was made in updating and describing the operational processes in regard to management processes. Moreover, the psychological, social and occupational records were reviewed, the *Clinical Medical Guidebook* was revised and the ICT Care Protocol was designed. The innovations included in this Plan entail a change to the processes map.

Processes Map

STRATEGIC PROCESSES



A Comprehensive Management Chart (CMC) has been available since 2008 with the aim of facilitating management assessment and planning. There are currently fifteen indicators which are revised monthly, quarterly and/or annually.

Addictions Institute Management Chart Indicators

COMPREHENSIVE MANAGEMENT CHART INDICATORS		Revision
LE06.I01	Persons attended to in the Comprehensive Programme for Adolescents and Youths.	Q and A
LE06.I02	Number of families of adolescents and youths who received care at the Addictions Prevention Service.	Q and A
LE06.I03	Training on addiction prevention.	Q and A
LE06.I04	Monitoring of the PAD Service on the internet.	Q and A
LE06.I05	Persons on treatment at Addiction Care Centres.	Q and A
LE06.I06	Persons attended to who have been diagnosed with a dual pathology.	Q and A
LE06.I07	Homeless people attended to.	Q and A
LE06.I08	Persons attended to at the Labour Guidance Service (SOL).	M
LE06.I09	No. of job insertions of people attended to in the Addictions Institute network.	M
LE06.I10	Counselling carried out by the Judges Counselling Service, Information and Counselling for Arrested Drug Addicts (SAJIAD).	M



LE06.I1	Number of interventions by the Community Mediation Programme on Drug Addictions	Q
LE06.I12	Applications dealt with within the deadline for care services by the Addictions Institute.	M and A
LE06.I13	Average response time for care applications.	M and A
LE06.I14	Percentage occupation of treatment support resources (care).	M and A
LE06.I15	Percentage occupation of treatment support resources (rehabilitation).	M and A

M - Monthly; T - Quarterly; A - Annually

The Addictions Plan considers consolidating, extending and adapting the recording instruments and systems in the Addictions Institute network. In this sense, the Unified Addictions Recording System (SUPRA) has undergone several revisions leading to subsequent upgrades, among which production of a Business Intelligent Module (BI) is worthy of mention, which extracts data to provide greater autonomy in the evaluation and assessment of indicators and in preparing activity reports. A portfolio of projects to make further progress in updating information compilation from the lists, records and medical records is prepared every year.

Assessing the results of intervention is fundamental to obtain evidence for the design of effective treatment and intervention. During the validity period of the previous plan, a post-discharge monitoring procedure started, which will be consolidated in the 2022-2026 Plan. Furthermore, a new record will be implemented for the design of the treatment plan.

Patient safety and security are a central part of the Addictions Institute's quality strategy. Consequently, incident records and the communication procedures related to such will be kept. Along this line of work, we will implement improvements to the Suggestions and Claims System (SyR): Suggestions and claims will be analysed, and corrective action will be taken according to the aspects in question.

13.2.2. Effectively and efficiently manage the services in a participative, transparent way, continuously improving them and being accountable to citizens

The Addictions Institute's Service Charter, which was approved in 2008, is reviewed and updated annually. It has been certified according to UNE 93200 by AENOR, with the latest renewal in 2020, which remains in force until 2023.

According to the standard UNE 93200:2008, which was renewed in 2020, it will be valid until 2023.

Addictions Institute's Service Charter Indicators, and fulfilment thereof.

SERVICE CHARTER FULFILMENT	2017	2018	2019	2020	2021
Total number of indicators	34	34	37	37	37
Total number of measurements	34	34	36	36	36
No. of fulfilled indicators	30	33	31	32	34
Fulfilment percentage	88.23%	97.05%	86.11%	88.88%	94.4%

A User Satisfaction Survey is conducted every two years, through which the degree of satisfaction regarding the facilities, the quality of intervention by professionals and the most relevant services are assessed. The mean general satisfaction level is over 3.5 out of 5 in all the conducted surveys.

User satisfaction scores.

	2004	2007	2009	2010	2011	2013	2015	2017	2019	2021
Mean	3.7	3.7	3.8	3.6	3.8	3.9	3.8	3.7	3.7	3.9
PERCENTAGE DISTRIBUTION										
Top 2 (Excellent + Very Good)	58%	58.8%	68.1%	57.9%	65.3%	70.7%	69.3%	59.6%	66.5%	71.3%
Excellent	20	21.9	27.7	18.0	23	30.3	25.8	19.2	25.5	29.5
Very good	38	36.9	40.4	39.9	42.3	40.4	43.5	40.4	41	41.8
Good	34	29.6	24.2	35.5	28.5	23.8	25.5	34.5	22.4	21.4
Average	7	8.3	6.6	5.3	5.7	4.1	4.6	4.2	9.4	6.4
Poor	1	2.8	0.3	0.6	0.3	0.8	0.3	0.6	1.4	0.8
Very poor	-	-	0	0.8	0.3	0.5	0.3	1.1	0.3	-

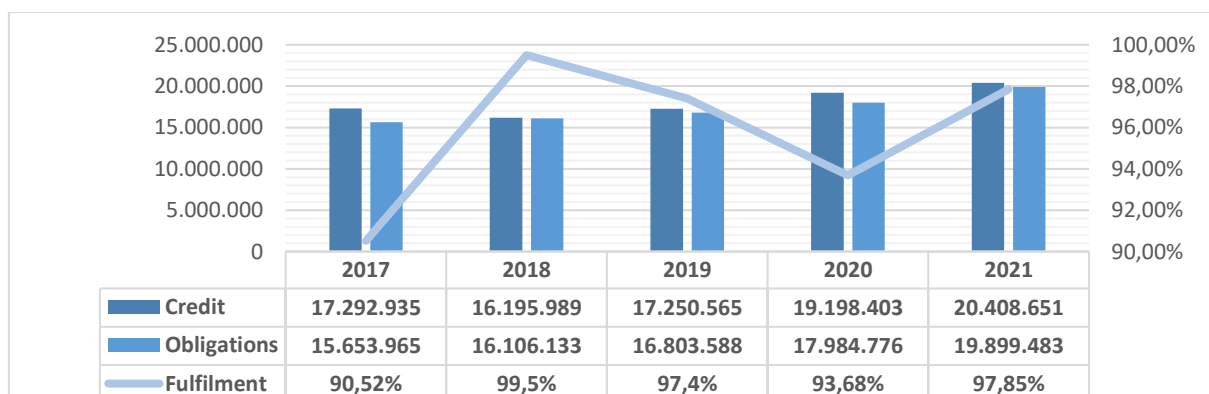
Within the objective of fulfilment of budget indicators, the Sub-directorate General for Addictions deals with two specific budget programmes: "Addictions" and "Coexistence Care for Addicts."

Percentage of Fulfilment of the Addictions Institute's Programmes

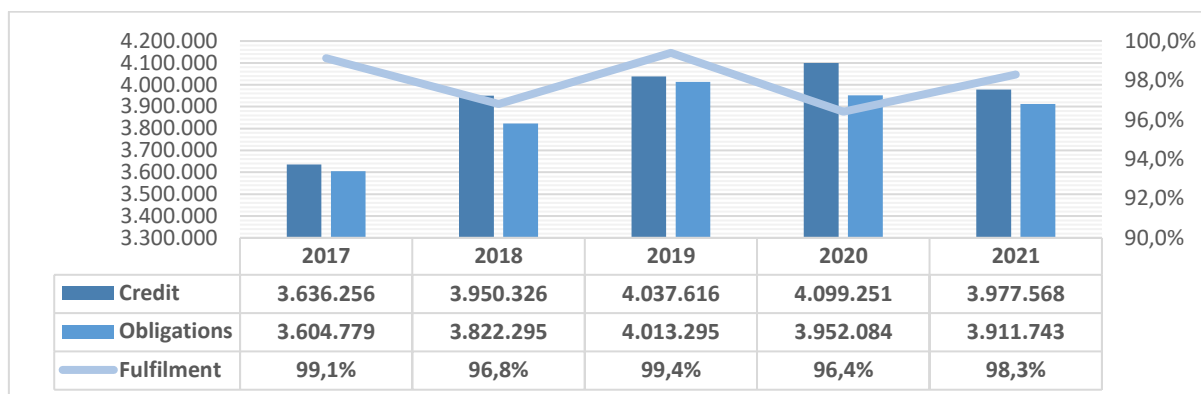
Fulfilment of budget indicators					
	2017	2018	2019	2020	2021
"Addictions"	98.60%	98%	98%	89.25%	98.5%
"Coexistence Care for Addicts"	90.99%	98.60%	100%	92%	97.7%

Similarly, implementation of the budget for both programmes in this period was adjusted and meets the main effectiveness and efficiency principles. This has been achieved despite the difficulties caused by the pandemic and the constant changes to the addictions phenomenon.

Implementation of the "Addictions" programme's budget



Implementation of the "Coexistence Care for Addicts" programme's budget



The results show the suitability of the budgets to implement the Addictions Institute's activities and its management in this period.

At the same time, Madrid Salud carries out an annual action plan including objectives, actions, improvements and goals, and the fulfilment of these items is assessed. As is the case regarding other aspects caused by the pandemic in 2020, a decrease was observed, although it has now returned to normal.

Percentage of fulfilment of the Action Plan.

DEGREE OF FULFILMENT OF THE ACTION PLAN				
2017	2018	2019	2020	2021
100%	98%	99%	87%	98%

In addition to the assessment of the annual Action Plan's objectives, the assessment of the Addictions Plan is a strong planning instrument that provides information about fulfilment of the proposed objectives, their completion and impact, and is useful to make any necessary corrections. The 2017-21 Addictions Plan features annual assessments of its indicators and goals, which are shown in the attached table. The new 2022-2026 Plan will be managed in the same way.

Assessments of the 17-21 Plan.

Fulfilment index at the 1st assessment of the Plan (2017 and first six months 2018)	Fulfilment index at the 2nd assessment of the Plan (2018 and first six months 2019)	Fulfilment index at the 3rd assessment of the Plan (2019 and January to September 2020)	Fulfilment index at the 4th assessment of the Plan (2017 to 2021)
89.5%	96.3%	96.27%	84.70%

13.2.3. Promoting the development of knowledge: training, research and teaching

The Addictions Institute considers the learning of knowledge as a method to achieve quality in its services. The actions in this direction enhance the prestige of the institution and its professionals. Likewise, tackling a complex problem such as addictions requires personnel who are committed to ongoing improvement processes, innovation and knowledge management.

The objectives of the 2022-2026 City of Madrid's Addictions Plan include further continuous training, promoting the exchange of experiences among professionals and dissemination of best practices.

Madrid Salud holds tutoring practicum agreements regarding content falling under its scope of competence and provides external training in different professional fields and at universities.

The Addictions Institute has had a training committee since 2011 consisting of representatives of the personnel. This committee meets on a regular basis in order to identify any training needs and to prepare pluri-annual training plans according to skills.

Moreover, the Addictions Institute is committed to supporting participation by its staff in training actions carried out in other areas (universities, scientific societies, NGOs, etc.).

Addictions are a complex healthcare problem, and research comprises an essential tool to better understand them. In line with the recommendations of the European Drugs Strategy and the National Drugs Plan, the City of Madrid's Addictions Plan includes promoting research in different fields of intervention on addictions among its objectives, with special emphasis on new addictions.

The Addictions Institute promotes research by supporting projects that may arise at the centres and services, and by collaborating with institutions, universities, professional societies and other entities who carry out research work on addictions.

13.3. Operational planning

1. Guarantee and promote quality at all levels of the organisation, updating and assessing the processes and services provided through establishing management indicators and quality standards

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Fulfil the actions established in the 2019/23 and successive Government Operational Plan.	Implement the five POG 2019/23 actions. Implement the actions commissioned in successive government plans. Monitoring and notification of indicators.	Percentage of indicators assessed and notified by the Addictions Institute every six months in regard to those planned. Percentage of actions implemented in regard to those planned.	100% of the forecasted indicators and the indicators requested will be assessed and notified. 100% of the planned actions at schools will have been carried out.
Managed by processes.	Update of the Addictions Institute's Processes Map. Analysis and formalisation of new processes. Monitoring, assessment and improvement of processes.	No. of processes implemented, revised, updated, designed or redesigned per year.	The processes maps will be updated at least once a year. One implemented, revised, updated or redesigned process per year.
Keep the CMC constantly updated.	Monthly, quarterly or annual monitoring of the Comprehensive Management Chart. Monitoring of the CMC's indicators according to the established frequency (monthly, quarterly or annually). Revision/monitoring of the CMC's indicators.	Percentage of the CMC's indicators updated according to the established frequency (monthly, quarterly or annually). Annual revision of the CMC's indicators carried out.	100% of the CMC's indicators will be updated according to the established frequency. An annual revision will be conducted.
Implement preparation and revision of best practices.	Preparation of documents on best practices, working methodologies and quality and improvement tools.	No. of best practices documents prepared. No. of work groups to prepare and update procedures, guides and protocols.	A work group will revise and update the clinical procedures, protocols or guides at least once a year.



1. Guarantee and promote quality at all levels of the organisation, updating and assessing the processes and services provided through establishing management indicators and quality standards

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
	Preparation and update of clinical guides, protocols and procedures.	No. of prepared or updated procedures, guides and protocols.	
Guarantee clinical safety/security.	Design and implement a risk management system for the safety/security of patients at the Addiction Care Centres. Monitoring the indicators established in the risk management system.	No. of detected incidents. No. of active work groups annually preparing a risk management system for the safety/security of patients.	A work group will operate at least once a year.
Fulfil the commitments established in Madrid Salud's Suggestions and Claims System.		No. of Suggestions and Claims follow-up reports. Percentage of suggestions and claims dealt with within the set deadline.	100% of suggestions and claims will be dealt with within the set deadline.
Awareness among the Addictions Institute's personnel about the quality commitments and actions.	Training and information for the staff on quality commitments by the Addictions Institute.	No. of training/information actions carried out annually.	At least one training/information action will be carried out per year.
Promote a safe/secure environment for the staff.	Fulfilment of the third persons assaults protocol. Compliance with the procedure in referrals of conflictive cases.	No. of identified incidents. No. of revised incidents. No. of corrective measures. Percentage of staff who are trained in regard to the planned number. Percentage of patients referred due to incidents.	100% of the planned staff will be trained. 100% of the referral procedures fulfilled.
Prepare annual report.	Compilation of information and drafting of the document. Monitoring and analysis of indicator results. Update of the indicator recording system.	Prepared annual report.	An annual report on all the services and programmes will be submitted.
Assess the results of intervention with users.	Consolidation of post-discharge follow-up. Implementation of Treatment Plan records. External assessment of the effectiveness of the prevention programmes.	No. of post-discharge assessments. No. of external assessments.	At least 1 external assessment will be conducted during the validity period of the Plan.
Consolidate, extend and adapt the recording instruments and systems in the Addictions Institute network.	Revision of the information compilation systems and medical records models. Preparation of an annual project portfolio on Maintenance of the Business Intelligent Module (BI).	No. of updates Preparation of the annual BI module project portfolio.	At least one revision will be carried out per year. At least one per year.

2. Effectively and efficiently manage the services in an agile, participative, transparent way, continuously improving and being accountable to citizens

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Effectively manage budgeted programmes.	Annual preparation of fulfilment of the budget indicators. Annual preparation of a budget fulfilment report. Annual preparation of the equality objectives fulfilment report.	Percentage of fulfilled budget indicators.	Fulfilment of over 90% in each budget year.

Maintain commitments with citizens regarding the quality of services provided.	Conduct user satisfaction surveys.	No. of surveys conducted and assessed each year. Degree of overall satisfaction in the user satisfaction surveys.	A user satisfaction survey will be carried out each year. Satisfaction over 90%.
Assess the evolution of fulfilment of the actions included in the Addictions Plan.	Drafting of Addictions Plan assessment reports. Presentation of the assessment reports at the Technical Forum on Addictions' Plenary Meeting. Dissemination of the results.	No. of assessment reports dissemination actions. Annual 22-26 Addictions Plan assessment report, prepared and presented at the Technical Forum on Addictions' Plenary Meeting.	An annual assessment report will be presented. An annual report will be drafted.
Fulfil the annual action Plan.	Implement the actions. Monitor the results.	Results of the action plan indicators. Percentage of fulfilment of each annual action plan.	Fulfilment of each annual action plan will be at least 90%.
Fulfilment of the Service Charter.	Monitoring of the Service Charter. Maintenance and update of the Service Charter.	Percentage of fulfilled Service Charter indicators.	Annual assessment of the Service Charter. Fulfilment of the Service Charter will be at least 90% per year.



3. Promoting the development of knowledge: training, research and teaching

OPERATIONAL OBJECTIVES	ACTIONS	INDICATORS	GOALS
Knowledge sharing	<p>Organisation of days, forums, conferences and seminars</p> <p>Participation by staff at the days, forums, conferences and seminars.</p>	<p>No. of scientific activities organised annually.</p> <p>No. of participants in the scientific activities.</p>	<p>At least one activity will be organised per year.</p>
Promotion of continuous training of the staff.	<p>Detection of new training needs.</p> <p>Preparation of annual training plans.</p> <p>Maintenance and promotion of the training committee.</p>	<p>Consultations with staff.</p> <p>No. of training committee meetings.</p> <p>Annual Addictions Institute' training plan.</p> <p>No. of training actions carried out by the Addictions Institute.</p>	<p>An annual training plan will be prepared.</p> <p>100% of the activities planned by the Addictions Institute will be carried out.</p>
Encourage the staff to teach about addictions.	<p>Facilitate staff being able to take part as instructors in training plans.</p> <p>Facilitate staff being able to teach on degree and post-graduate courses.</p> <p>Tutoring of degree and post-graduate students.</p> <p>Tutoring of Resident Psychology, Resident Doctors and Resident Nurses.</p>	<p>No. of workers who have taught in Madrid's City Council's Training School's (EFAM) training plans.</p> <p>No. of workers who teach on degree and post-graduate courses.</p> <p>No. of tutored persons.</p>	<p>At least 50% of the courses proposed by the Sub-Directorate General for Addictions will be delivered by the Sub-Directorate's own staff.</p>
Facilitate and promote research on addictions.	<p>Counselling for personnel on undertaking research and writing articles.</p> <p>Update and promotion of the research committee.</p> <p>Collaborate with other institutions to carry out research on addictions.</p>	<p>No. of research projects.</p> <p>No. of publications</p> <p>No. of research committee meetings.</p> <p>Percentage of annual collaboration activities completed in regard to those initially planned.</p>	<p>100% of the research activities proposed by the Sub-Directorate's staff will have been counselled.</p> <p>At least 70% of the established collaboration activities will have been carried out.</p>



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GLOSSARY

AE: Employment Agency
AEHVE: Alliance for the Eradication of Hepatitis Viruses in Spain
AENOR: Spanish Standardisation and Certification Association
AG: Government Area
AMPAS: Parents of Students Associations
APAL: Association for the Prevention and Care of Compulsive Gambling
BI: Business Intelligent
BOE: Official State Gazette
CAB: Basic Socio-healthcare Centre.
CAD: Addiction Care Centre
CAF: Family Support Centres
CCAD: Associated Addiction Care Centre
CCAA: Autonomous Regions
CCOO: Comisiones Obreras (Trade Union)
ICD: International Classification of Diseases
CM: Region of Madrid
CMC: Comprehensive Management Chart
CMSc: Community Health Municipal Centres
CT: Therapeutic Community
DG: Directorate General
DSM: Diagnostic and Statistical Manual of Mental Disorders
EAPN: European Anti-Poverty Network
EDADES: Survey on alcohol and other drugs in Spain
EFAM: Madrid's City Council Training School
EFFAM: Survey on Family Functioning in Madrid
EIR: Resident Nurse
EMCDDA: European Monitoring Centre for Drugs and Drug Addiction
STD: Sexually Transmitted Diseases
FACIAM: Federation of Associations and Support Centres for Marginalised People
FEMP: Spanish Federation of Townships and Provinces
FERMAD: Madrid Platform of Entities for the Care for Addicts and their Families
IA: Addictions Institute



IAMS: Madrid Salud's Addictions Institute

IC: Confidence Interval

ISTMO: Municipal programme for care for foreign citizens with alcohol and other drug abuse or addiction

STD: Sexually Transmitted Diseases

JMD: Municipal District Councils

LGTBIQ+: Lesbian, Gay, Bisexual, Trans, Intersex, Queer +

MIR: Resident Doctor

OEDA: Spanish Monitoring Centre for Drugs and Addictions

WHO: World Health Organisation

PAD: Addictions Prevention

PIR: Resident Psychologist

PNSD: National Drugs Plan

POG: Government Operational Plan

PPI: Personalised Intervention Plan

PSH: Homeless Programme

TP: Treatment Plan

QTM: Quiére-T Mucho

RIOD: Ibero American Drugs and Addictions NGO Network

RRSS: Social Media

SAEP: Protected Employment Support Service

SAJIAD: Judges Counselling and Aid for Arrestees Service

SG: Sub-directorate General

SOF: Family Guidance Service

SOL: Labour Guidance Service

SSSS: Social Services

SUPRA: Unified Addictions Recording System

SyR: Suggestions and Claims

TBC: Tuberculosis

TFYE: Training and Employment Workshop

TICO: Information, Communication Technology and Leisure

ICT: Information and Communication Technology

TMG: Severe Mental Disorder

UDH: Hospital Withdrawal Unit

EU: European Union

UGT: Unión General de Trabajadores (Trade Union)

UNE: Spanish Standard



HCV: Hepatitis C Virus

HIV Human Immunodeficiency Virus

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