



# BeTrAD

## Better Treatment for Ageing Drug User

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TOOLBOX

jugend- an drogen**h**ëllef  
Fondation



integrative **drogenhilfe e. V.**



## IMPRINT

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# TABLE OF CONTENTS

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<b>04</b>	<b>TOOLBOX PRESENTATION</b>	<b>17</b>	<b>METHODS ANALYSIS OF THE BEST PRACTICE COLLECTION</b>
<b>05</b>	<b>STRUCTURE</b>	18	Specific Services
<b>05</b>	<b>MAIN AIMS</b>	20	Non-specific Services
<b>05</b>	<b>CONTRIBUTIONS</b>	20	Description of the Most Used Methods
		22	Adapted Services for Aging Drug Users
<b>06</b>	<b>SITUATION &amp; CONTEXT OF AGING DRUGS USERS</b>	<b>23</b>	<b>BEST PRACTICE COLLECTION</b>
<b>06</b>	<b>TARGET GROUP &amp; EPIDEMIOLOGICAL DATA</b>	<b>27</b>	<b>LITERATURE RECOMMENDATIONS</b>
06	Profile of Aging Drug Users	28	Czech Republic
07	Drug use trends	29	Germany
09	Problematic Opioid Use	31	Luxembourg
10	Opioid substitution treatment	31	The Netherlands
11	Problematic drug users of other drug	31	Spain
12	ADU: Needs and assesment.	32	Other Countries
<b>15</b>	<b>PUBLIC POLICY: HEALTH SYSTEMS &amp; POLICIES</b>		
15	Specific policies for aging drug users		
16	Different policies in Europe: some examples.		



# TOOLBOX PRESENTATION

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The Toolbox is one of the most important intellectual outputs of the European BeTrAD Project. It incorporates the findings and conclusions of all the project processes into a web format for consultation. It provides tools and guidance to develop, implement and improve services for aging drug users.

These tools are aimed at social service providers, agencies that train professionals, policy-makers and higher education institutions.

The need to create an online tool arises from the lack of a toolbox, as well as a training curriculum, in the previous projects that addressed the issue of aging drug users. Both initiatives should promote the results and recommendations obtained at a European level in a sustainable and applicable way.

Furthermore, there are almost no action plans that focus on aging drug users and their specific needs. The few existing ones are available at the European level and only a few at the national level. This project focuses on this special risk group that lives on the margins of society and with vulnerability factors that are intended to be clarified and highlighted by obtaining the expected results.

The previous projects to which we referred earlier are: the project 'Sucht im Alter', which provided information on the needs of elderly drug users; the project 'Elderly people dependent on drugs and care structures' (SDD Care, 2006), funded by the health program of the European Union and which compiled data and guidelines in four different countries. The SDDCare project concluded that there is currently an increase of population of drug addicts (35/45 years of age and older) in all

European countries. Most drug dependents older than 45 are multi drug users, with preference for opiates, often injected.

In this way, BeTrAD's Toolbox is based on existing evidence and takes into account the previous results of other projects on the same topic, as well as complementary actions and information. Evidence is obtained by carrying out an evaluation at European level and a collection of examples of best practices that serve as sources of information to shape the educational elements of the project. These tools and knowledge should ultimately create learning opportunities for professionals to establish and improve services for aging drug users.

The purpose of a toolbox is to provide guidance and support to training providers for professionals, care and treatment and care providers for the target group, health and social service providers, but also to local or supra-local political authorities and professional advisors or policy makers, researchers and the scientific community, and higher education institutions.

## STRUCTURE

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BeTrAD's Toolbox is made up of four main blocks:

1. Situation and the context of aging drug users in Europe. The BeTrAD project has evaluated the current state of the target population, and the innovative policies and methodologies that address aging drug users in Europe.
2. Methods detected in the analysis of good practices and presented in the training proposal implemented for the first time in the European Summer School in Frankfurt. Special attention is given to providing information on methods and instruments for the improvement of detection, diagnosis, care and treatment of aging drug users, and that at the same time measure the quality of life.
3. Examples of best practices of specific and nonspecific interventions for the target group have been compiled and evaluated based on their usefulness, practical application and impact on health and personal self-sufficiency.
4. Database with references, resources and key or relevant web links on the subject.

## MAIN AIMS

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- Training professionals and organizations involved in the care and treatment of drug addiction, as well as geriatric institutions and local governments with useful tools and models of best practices.
- Involving drug users and their representatives in the development and implementation of project results.
- Providing tools and guidance to develop, implement or improve services for aging drug users.
- Encouraging the improvement of European policies and action strategies, both in the attention to drug addicts and care for the elderly paths.

## CONTRIBUTIONS

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We hope to keep this toolbox updated with your input. If you know of any study, effective intervention or project that, in your opinion, should be included in this site, please let us know by sending an email to [administration@correlation-net.org](mailto:administration@correlation-net.org)

When a reference, please provide as many details as possible: title, type of document, language, year, author(s), name of the contact person, contact information and/or web link.

Please note that the content of this toolbox was last updated on August 2018. From that date onwards, Correlation Network will host and maintain the BeTrAD toolbox. New contributions will only be accepted for publishing in the bibliographic reference database, good knowledge and best practices from the contributions mentioned.

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## 2.1.

# SITUATION & CONTEXT OF AGING DRUG USERS

## TARGET GROUP & EPIDEMIOLOGICAL DATA

Ageing drug users (ADU) can be divided into early initiation users (survivors) or late initiation users (reactive users).

Whereas early initiation users usually have a long history of substance use that persists in old age, late initiation ones often begin to use drugs due to some stressful life event, such as retirement, marital failure, social isolation or the loss of a loved one (EMCDDA, 2010).

### PROFILE OF AGING DRUG USERS

Elderly drug users are defined as those aged above 40, whose recurrent use of psychoactive substances is causing them harm or is placing them at a high risk of suffering it. They have different characteristics and trajectories from younger drug users'.

1. Older adults are frequent users of prescription drugs with and without a prescription. The problematic use of these medications can be intentional or involuntary and of greater or lesser severity.
2. Although illicit drug use is less frequent in older adults than in younger ones, its prevalence is increasing. Recreational drug users are getting older and, since maintenance programs have more patients in treatment, the number of elderly patients is increasing.

3. The figures indicate that older adults have a relatively high risk of drinking problems. The combined use of alcohol and other drugs increases the risk of social, psychological and physical problems, and can cause difficulties even when the consumption of alcohol is light or moderate.

4. Aging can cause psychological, social and health problems that act as risk factors for substance abuse, but can also be aggravated by substance use.

5. Physical and mental health problems are more prevalent in older drug users; However, most older adults have regular contact with primary care services or with other health services.

6. Relatively little is known about drug use treatment in the elderly. However, older patients take therapeutic programs seriously and can achieve satisfactory results with treatment.

## DRUG USE TRENDS

The total number and the proportion of older chronic and problem drug users in Europe has increased significantly over the past decades. According to recent studies, the proportion of ageing drug users in Europe will continue to grow.

### Data on Drugs Users Entering Treatment

Most European countries are observing an increasing number of older drug users entering treatment. The data from EMCDDA from

2008 (EMCDDA 2010) reported the treatment demand indicator on more than 450,000 drugs users entering treatment in specialised facilities – 82,000 were aged 40 years or older. On a European level, this age group represents between 1,6% and 28% of treatment entrants in the countries providing data.

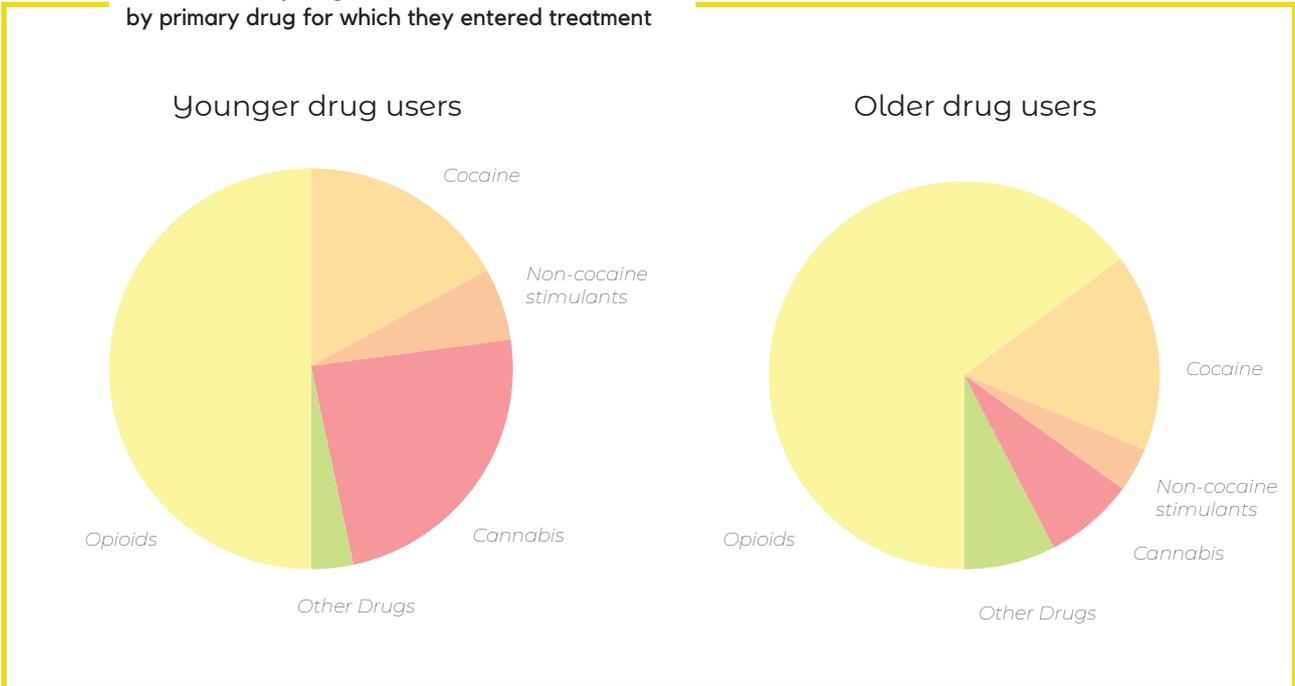
Only countries with at least 10 years of available data were included. In each of these 22 countries, older drug users entering into treatment increased between 2006 and 2014/2015 and will increase as expected. Some countries already reported mean ages of opioid users above 40 years.

### Total Number of Drug Users entering treatment and 40+ %

	2006		2015 * (2014)		Trajectory
<b>Spain</b>	19.826	34.2%	12.030	* 59.1%	+ 24.9%
<b>Hungary</b>	2.299	3.9%	156	28.2%	+ 24.3%
<b>Italy</b>	27.096	24.9%	25.144	48.3%	+ 23.4%
<b>Luxembourg</b>	647	19.3%	163	41.7%	+ 22.4%
<b>Croatia</b>	5.611	12.4%	6.128	34.7%	+ 22.3%
<b>Sweden</b>	1.633	27.5%	7.510	48.6%	+ 21.1%
<b>France</b>	11.637	14.1%	13.664	33.1%	+ 19.0%
<b>Germany</b>	30.663	20.1%	28.399	39.0%	+ 18.9%
<b>UK</b>	77.845	16.2%	59.762	34.1%	+ 17.9%
<b>Slovenia</b>	611	4.3%	236	20.3%	+ 16.0%
<b>Greece</b>	4.257	11.3%	2.836	25.1%	+ 13.8%
<b>Cyprus</b>	300	9.6%	205	22.4%	+ 12.8%
<b>Slovakia</b>	816	5.4%	602	18.1%	+ 12.7%
<b>Ireland</b>	3.352	8.9%	4.446	20.6%	+ 11.7%
<b>Romania</b>	937	1.2%	1.053	11.2%	+ 10.0%
<b>Latvia</b>	388	4.4%	402	13.2%	+ 9.1%
<b>Austria</b>	2.858	8.2%	2.016	17.0%	+ 8.8%
<b>Czech Rep.</b>	2.066	4.5%	*1.706	*11.5%)	+ 7.0%
<b>Netherlands</b>	2.148	58.1%	1.262	64.5%	+ 6.4%
<b>Finland</b>	1.093	5.6%	339	11.3%	+ 5.7%
<b>Bulgaria</b>	1.292	1.2%	*1.087	* 6.4%	+ 5.2%

Source:  
EMCDDA 2015, 2017

Distribution of younger and older treatment entrants by primary drug for which they entered treatment



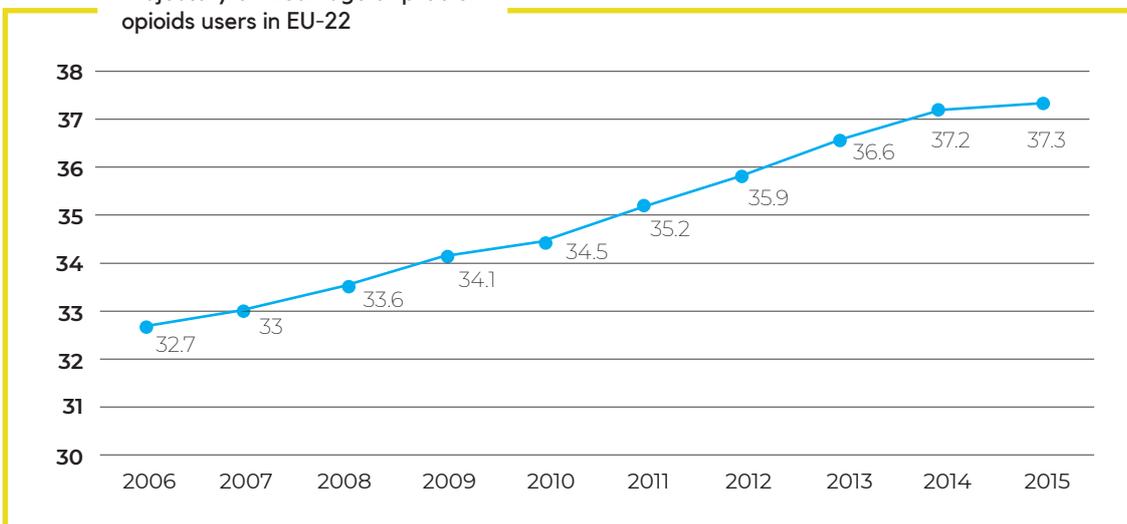
Source: EMCDDA 2010

### Drug Induced Deaths

The mean age of drug-induced deaths increased in Europe from 34 in 2006 up to 39 years in 2015, as well as the proportion: In 2006 one of three drug-induced deaths happened among drug users aged above 40 years, in 2015 it was already every second death (EMCDDA 2017i).

The existence of an ageing cohort is confirmed by data from the EMCDDA drug-related death indicator, which indicate an increase in the average age of drug-induced deaths (which are mainly related to opioids) from 33 years to 37 years between 2006 and 2013. Over the same period, the proportion of all overdose deaths occurring among those aged above 40 years increased from 30% to 44%.

Trajectory of mean age of problem opioids users in EU-22



Source: EMCDDA 2015

## PROBLEMATIC OPIOID USE

In the whole of European Union countries, there are around 510,060.000 people (15 to 64 years) and around 1,300.000 problem opioid users. This target group accounts to a small proportion of 0.4 % throughout European population (EMCDDA 2015).

% of Problem Opioids Users and +40 Problem Users in Europe

	Year of data	Total Population	Problem Opioids Users	+40 Problem Opioids Users
Netherlands	2016	11.065.975	0.1%	83%
Greece	2015 / 2016	7.011.027	0.5%	58%
Portugal	2015	6.779.414	0.2%	(+/-) 57%
Sweden	2015	6.152.438	n.d.	(+/-) 49%
Italy	2015	39.193.416	0.5%	(+/-) 48%
Austria	2015 / 2016	5.767.133	0.5%	47.3%
Germany	2017 / 2017	53.422.103	0.3%	(+/-) 39/40%
Croatia	2015 / 2016	2.809.119	0.14%	35%
U.K.	2010	7.510	+ 21.1%	34%
Belgium	2015	41.896.237	0.5%	(+/-) 34%
France	2015	28.399	+ 18.9%	(+/-) 33%
Hungary	2016 / 2017	6.664.153	0.04%	(+/-) 28%
Cyprus	2015	584.081	0.2%	(+/-) 22%
Ireland	2010	3.003.481	n.d.	(+/-) 21%
Luxembourg	2016	576.249	0.26%	(+/-) 21%
Slovenia	2015	1.389.178	0.4%	(+/-) 20%
Slovakia	2015	3.834.289	n.d.	(+/-) 18%
Lithuania	2015	1.948.685	n.d.	(+/-) 16%
Poland	2015	26.431.118	0.06%	(+/-) 14%
Finland	2015	3.483.757	0.4%	(+/-) 13%
Latvia	2015	1.303.300	0.5%	(+/-) 13%
Estonia	2015	858.563	n.d.	(+/-) 12%
Romania	2015	13.414.063	n.d.	(+/-) 11%
Spain	2014 / 2015	30.808.472	0.21%	n.d.
Czech Rep.	2015	7.056.824	0.2%	n.d.
Bulgaria	2015	4.763.637	n.d.	n.d.
Denmark	2015	3.645.939	n.d.	n.d.
Malta	2015	288.403	0.6%	n.d.

\* statistically calculated and estimated values based on random samples (EMCDDA 2017);

n.d. = no data

Source: EMCDDA 2015

## Drug Induced Deaths

Opioids, mainly heroin, were reported as the primary drug by the great majority (65%) of elderly drug users (aged above 40 years) in the European Union in 2008 (EMCDDA 2010). The part of this 40 year-old and older opioid users is estimated through a sample from 2015 at about 36.3% throughout Europe. While the proportion of opioid clients aged above 40 years entering treatment was one out of five in 2006, in 2015 there was already a proportion of two in five persons entering considered as an elderly drug user (EMCDDA 2017i).

Many long-term opioid users in Europe are ageing and in their 40s or 50s. The number of opioid users of 40 years and older already accounts for a large part of drug users in most of the European countries and by virtue of the trajectory in the past and the expected 'over ageing' in the future, the number might increase. Some European countries are already reporting mean ages of 40 years and older for treatment entrants with opioids as the primary drug (EMCDDA 2015).

The smallest percentage of the target group is reported in Romania with only 11%.

The highest percentages are reported in Portugal (57%) where the mean age of problem opioid users is already 41 years, Greece (58%) and the Netherlands which reported about 83% opiate users over 40 years (in 2016).

In other countries, there is a lack of data about drug use among older people. From some countries, data could not be obtained (Malta, Denmark or Bulgaria). For Poland for example, it was hard to obtain data because use is mainly concentrated among young adults (15-34 years). In Spain, there is no data on percentages of ageing drug users available but a mean age of 42 years for opioid drug users has been reported in 2015. In Czech Republic, for example, there is a loss of data but the trend of ageing drug users applies, too.

## Effects of opioid use in 40 year and older users

Physical ageing process may be accelerated by the cumulative effects of polydrug use, overdose and infections over many years. Older people with opioid problems have higher rates of degenerative disorders,

circulatory and respiratory problems, pneumonia, breathlessness, diabetes, hepatitis, and liver cirrhosis than their peers and younger people who use drugs. They may also be more susceptible to infection, overdose and suicide. In addition, their social networks may be reduced because of premature death and stigma, which can further increase social exclusion and isolation from families. The stigma and shame of still using drugs may also act as a barrier to help-seeking. Most of this group of older opioid users have received or still receive methadone or buprenorphine treatment. Little is known about the interaction and efficacy of opioid medication and treatments of physical disorders and impaired liver condition

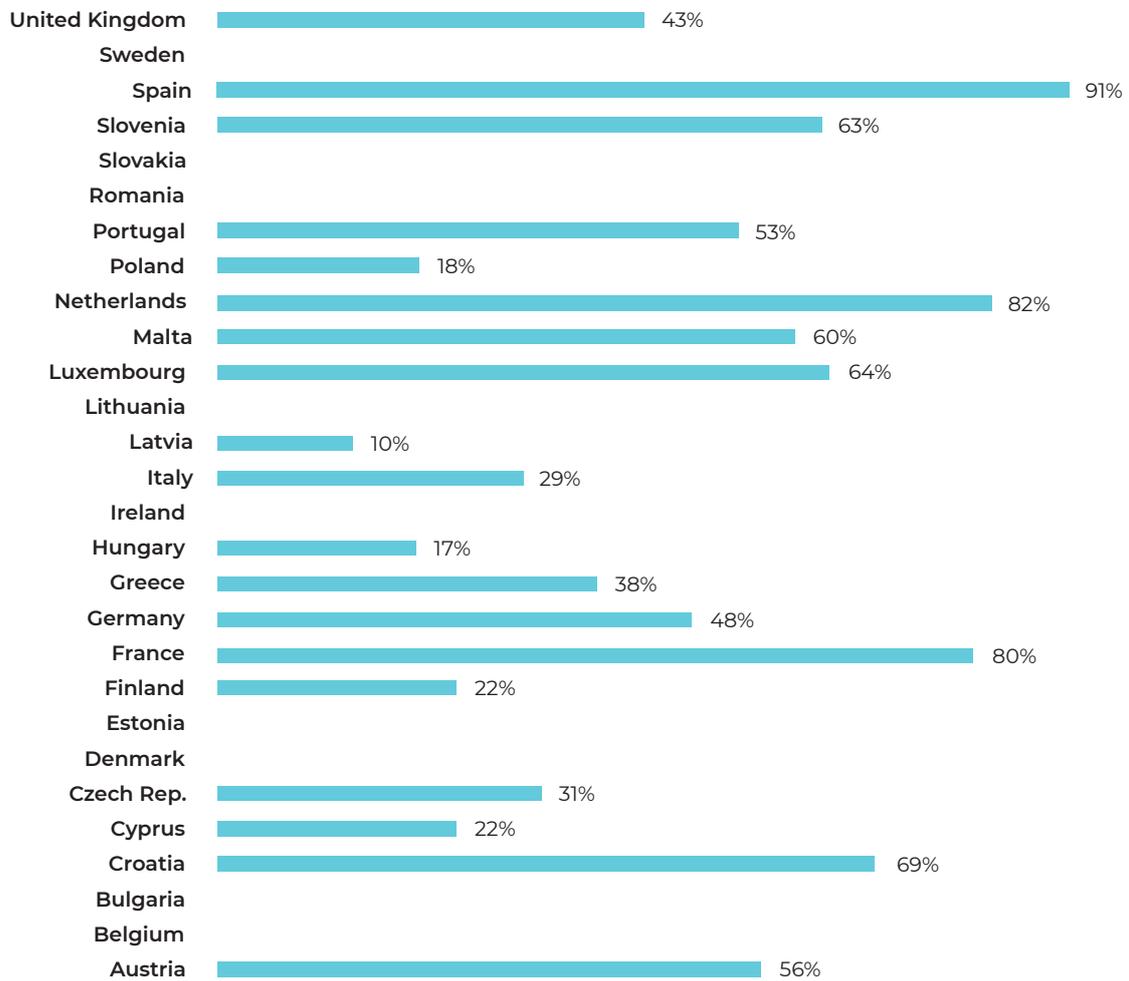
## OPIOID SUBSTITUTION TREATMENT

Historically, problem opioid users, mainly injectors, have always represented the largest client group receiving specialised drug treatment in the European Union. The needs of large cohorts that started heroin injecting during the 80s and 90s have shaped and characterised current European specialist and low-threshold treatment systems. Opioid substitution treatment is one example of this. With nearly 700.000 Europeans receiving this treatment, OST clients currently represent a substantial proportion of the European treatment population.

On a European level, there are approx. 680,000 opioid users in opioid substitution treatment which means a coverage of about 50% of all users (Avert 2018). On a national level the percentages of problem opioid users in the different countries range between 10% in Latvia and 91% in Spain. Drug users aged over 40 years represent more than 50% of new admissions in opioid substitution treatment in some European countries and more than 60% of users in treatment are above this age (Kastelic 2014).

There are no specific data available on a European level about older opioid users (40 years+) in opioid substitution treatment (EMCDDA 2010, 2017i). In most European countries no age-specific data data is available.

Percentage of (estimated) Patients in Opioid Substitution Treatment in EU-28 [%]



no data for IRE and DK.

Sources:  
BeTrAD Assessment Matrix and EMCDDA (2017)

## PROBLEMATIC DRUG USERS OF OTHER DRUGS

### Data on drugs users entering treatment

Regarding the problem use of other illicit drugs and ageing users there is almost no data available, neither on a European nor on a national level. However, there are data from Hungary, Croatia, Luxembourg, France, the Netherlands, Italy, Spain, Sweden, Finland and Czech Republic available on other illicit drugs than opioids.

According to TDI data collection, the number of drug users starting drug treatment in

Hungary in 2016 with a primary drug other than opiates/opioids are 3.900 persons. In nearly every European country there is no data available on older users of MDMA. It can be assumed that MDMA is not an issue for the target group of ageing users.

On a European level cocaine was the next most frequently reported primary drug for drug users over 40 years (17%) (EMCDDA 2010).

Regarding the problematic use of amphetamines in the target group we can identify a very large group of 57% in the Czech Republic, Sweden also shows a very high percentage of 45%, too, as well as Finland with a medium-high rate of 24% in 2015.

## NEEDS & ASSESMENT

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- Treatment and care for older people with opioid use problems is limited in Europe because most services were established to meet the needs of younger drug users. Older drug users are seen as less motivated, despite often doing better in treatment than younger drug users.
- Multidisciplinary and innovative approaches are needed to address the medical (including dental), psychological and social needs of older people with drug problems.
- Social isolation and loneliness needs to be tackled by enhancing coping strategies, improving social networks and encouraging activities that enhance well-being.
- There is a need to improve access to, and uptake of, hepatitis C antiviral therapies in this population. Their elevated risk of overdose deaths makes them an important target for take-home naloxone distribution and other overdose prevention strategies.
- Training is needed to help the geriatric care workforce deal with the increasing numbers of these patients.
- To tackle ageing and stigma experienced by these older drug users, advocacy support could be provided by older people within substance use services. Peer support can increase self-esteem, increase feelings of being accepted and understood, and increase positive feelings about the future. Those in a peer/volunteer role are also likely to benefit from this kind of engagement.

### Experts' opinion in five european countries.

This section shows the qualitative results of the expert consultations from Germany, Luxembourg, Spain, Netherlands and Austria. They are representatives of the local drug aid services in the different countries - as they are working with drug users and seeing the trajectory and the needs and barriers as part of their daily work.

The available information suggests that specialised treatment and care programmes for older drug users are rare in Europe. Thus, treatment and care services are required.

Treatment and support have to follow the changing needs because the increasing speed of ageing in the group of drug users adds to this problem and makes fast solutions even more important.

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**TRAINING FOR STAFF  
WORKING WITH ADU**

**LUXEMBOURG**

No training available.

**SPAIN**

Special training for elderly care, outpatient nursing care, drug service and medical care.

**GERMANY**

No training available.

**AUSTRIA**

Special training for elderly care, outpatient nursing care, drug service and medical care.

**NETHERLANDS**

No training available.

**COLLABORATION BETWEEN  
DRUG & GERIATRIC SERVICES**

**LUXEMBOURG**

Collaboration between drug and geriatric services is very difficult because of a big rejection of drug addicts. Outpatient care is difficult because nurses or doctors often cannot handle ageing drug users.

**SPAIN**

Collaboration between drug and geriatric system is very limited. Difficulty for drug users to be cared for in general geriatric services, so they use the regular drug aid services or do not receive help from general social services.

**GERMANY**

The drug aid system and the geriatric system are separated. One aggravating reason for problems within the collaboration is the uncertainty of the target group (economic reasons, ethical reasons). Also, there is a big problem because of the non-regulation or insufficient opioid substitution treatment in elderly care facilities.

**AUSTRIA**

The addiction care system and the health and social system with nursery care, homeless care, etc. are totally separated. Special connection services between different institutions of health and social system (e.g. hospitals) and the drug aid system do exist.

**NETHERLANDS**

Collaboration is rare.

The health system includes medical treatment for addiction problems and geriatric care. Support and help in housing, work or daily activities is offered.

There are multidisciplinary neighbourhood teams for supporting people in their own home.

Nursery care for the elderly is restricted to severely impaired persons.

**NATIONAL OR REGIONAL  
POLICIES FOR ADU**

**LUXEMBOURG**

There are no specific national or regional policies for ageing drug users. The current drug action plan of the last four years included ageing drug users as a topic.

**SPAIN**

There are no specific national or regional policies for ageing drug users.

**GERMANY**

Since March 2017 nursing and elderly care is now allowed to offer opiate substitution medication to patients in their facilities.

**AUSTRIA**

In Vienna, the working group "older drug addicts" includes representatives of different parts of health and social systems. They are developing solutions for the target group.

**NETHERLANDS**

This topic is not an issue at this moment although there is a national group on elderly and alcohol working on a national policy. Part of this topic is on how to regulate the continuity of services for ageing population.

## KEY BARRIERS & CHALLENGES

### LUXEMBOURG

- Lack of social housing for drug users or HF models.
- Need to change from abstinence-oriented views to acceptance by including psychosocial perspectives.
- OST should fit low-threshold perspectives.
- Services for older drug users should be separated from the young ones.
- Need for specific education for nurses and doctors about drug use.
- More practice-oriented research and public relation is necessary.

### SPAIN

- Lack of social arrangements for people in deprived areas.
- Even though there are enough resources for the general population, it is difficult to have social devices for ageing drug users.
- Treatment of associated diseases as HIV, Hepatitis C requires a high level of adherence, for which basic needs need to be met.
- Lack of legal residence for many drug users.
- Polysubstance use in general requires a broad and coordinated response.

### GERMANY

- Problems with a lack of housing that is accessible for disabled people and affordable at the same time.
- Need for rules to offer substitution treatment in elderly care institutions: possibility of receiving opioid substitutes for those without mobility.
- Demand for housing communities for ageing drug users with the possibility of specialised outpatient care and existing cooperation with experienced elderly care institutions.

### AUSTRIA

- They are developing solutions and best possible care for the target group.
- Lack of cooperation and networking between the responsible systems.
- There should be more specific training.

### NETHERLANDS

- It is necessary to offer a very individual care to support people and not think in "groups", decreasing stigma and open up for the topic as well as a good cooperation between professionals and professional systems.
- Need for governmental investments in research and guideline development as well as ongoing education of staff.

## NEEDS TO BE ADDRESSED

- Drug treatment services tailored to the needs of older people need to provide multidisciplinary care to address their medical and psychological needs as well as their social isolation.
- Improved access to, and uptake of, hepatitis C antiviral therapies.
- Specialised nursing homes for long-term residential care of ageing drug users.
- Awareness-raising and training of health and social care staff dealing with elderly people about how to respond to the needs of older people with drug problems to ensure appropriate care and avoid stigmatisation.
- Appropriate physical health care, including dental health services.
- Advocacy support to increase self-esteem, acceptance and positive feelings about the future, with peer-led approaches likely to be particularly appropriate.

## IMPLICATIONS FOR FUTURE DEVELOPMENTS IN EU

- Planning of services to meet the future health and social care needs of this growing cohort of older drug users in Europe is needed.
- This may require having age-specialised care services that host social activities and events, and provide regular peer and volunteer support.
- An integrated, multidisciplinary approach is needed with interagency partnerships and referral between specialised and mainstream health and social services to address the needs of older opioid users.

## 2.1.

# PUBLIC POLICY: HEALTH SYSTEMS & POLICIES

Nowadays there are new and significant medical, psychological and social challenges for policymakers, the drug treatment services and mainstream healthcare as well as support services because of the increasing number and proportion of older problem drug users and the effects of chronic drug use (risk behaviours and ageing).

## SPECIFIC POLICIES FOR AGEING DRUGS USERS

The European Union Drugs Action Plan (2009–2012) requested Member States to enhance the quality and effectiveness of such services whilst also taking into account the specific needs (incl. those related to age).

However, in 2010, none of the Member States had created a clear strategy (within a national, regional or local drug strategy or other national drug policy documents) to deal with older drug users. In the recent EU Action Plan on Drugs 2017-2020, ageing and drug use are mentioned as part of drug demand reduction.

Questions surrounding ageing problem drug users are relevant but have not yet been raised in many member states. Some specific points about the provision of welfare and the funding of care for the group of ageing drug users (EMCDDA 2010, 2013) need to be clarified.

Most European welfare systems are based on improving the financial situation of people in need or to improve their chances of employment or any other aspects, e.g. health or mental health.

### EU Action Plan 2017 - 2020

Objective:

*Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re/integration of problematic and dependent drug users.*

Action 6:

*Develop and expand the diversity, availability, coverage and accessibility of evidence-based comprehensive and integrated treatment services. Ensure that these services address polydrug use (combined use of illicit and licit substances including psychoactive medicines, alcohol and tobacco) and the emerging needs of the ageing drug-using population and gender-specific issues.*

## DIFFERENT POLICIES IN EUROPE: SOME EXAMPLES

### Austria

There are regulations on rights and applications of specific nursing care and support for elderly opioid-dependent persons in opioid substitution treatment as well as planned guidelines for inpatient and outpatient care and addiction

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### Poland

Persons aged 30 years and older need to have at least five years of social insurance to receive disability benefits. So older drug users mostly don't have the entitlement to these social benefits

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### Germany

Financial support for treatment is covered by pension funds. The expenditure for drug treatment is supposed to be recovered by the beneficiaries' future re-entering the labour market

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### Portugal

Ageing of problem drug users has deserved particular attention in national policies but there are still no specific responses. The need of continuous and palliative care for the target group is starting to emerge in health and social services

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### Luxembourg

Measures for elderly drug users are included in the national drugs action plan. There are stricter regulations for the prescription of benzodiazepines, tranquilizers etc. from a certain age limit.

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### Spain

Within the new Spanish National Strategy for Addictions, special attention will be given to data collection on ageing population, its characteristics, needs, etc. so as to find solutions to address aging and chronic drug user's needs

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### The Netherlands

Due to political dynamics, the current health and social systems are under continuous reconstruction because of different governments

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

### United Kingdom

The existing welfare models and drug policies poorly serve the needs of older drug users. The principle of social integration through participating in the labour market requires a sufficient health of the individual

#### MORE INFORMATION:

Betrad - Germany Assesment Report  
[www.betrad.eu](http://www.betrad.eu)

## 3.0.

# METHODS ANALYSIS OF THE BEST PRACTICE COLLECTION

The purpose of this section is to show a brief analysis of the methods most commonly used in the services and projects that have been selected for BeTrAD's Good Practices Collection.

One of the key considerations to start a new service or project, or to improve an existing one, is to have a clear idea about the strategies or approaches to be developed, as well as the methods or techniques needed.

An effective use of methods allows the work to be properly planned and structured, and also helps prioritizing the care responses depending on the service users' needs. However, choosing the right method can be a daunting task considering the multiplicity of existing approaches and how these are underpinned by a wide range of skills or influenced by the approach and values of the project workers.

Often times, more than one method needs to be used in conjunction with another. This is particularly relevant when working with aging drug users. Considering the complex and multidimensional set of problems experienced by this target group, social and health care projects require comprehensive approaches. Otherwise, the services offered might potentially end up becoming limited and restrictive, impacting negatively on the service user.

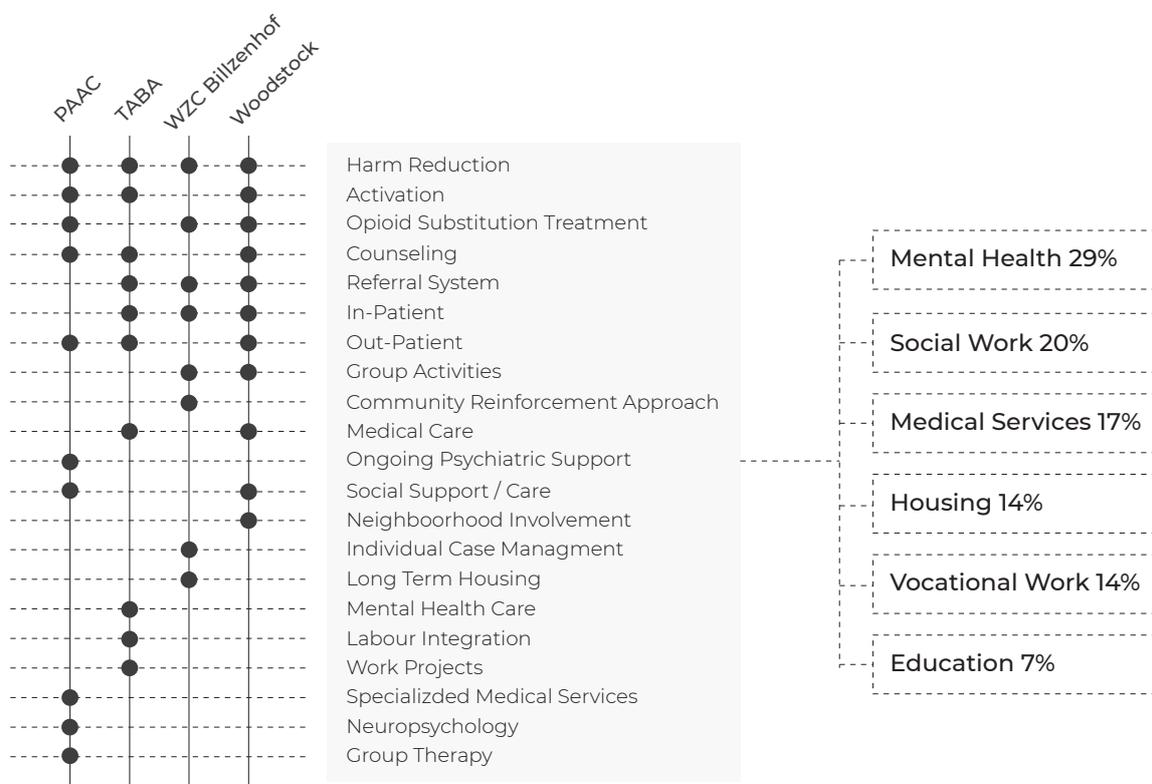
Aware of these complexities, BeTrAD project has set the goal for itself of offering orientation to those service providers and decision makers that would like to develop a service targeting aging drug users. Specifically, in this section, we present a brief analysis of the methods employed by the 22 projects featured in the Best Practice Collection.

Offering a global vision that represent the reality of all services in Europe is a task that would exceed the scope and intention of this project. However, by reflecting on these successful projects, we are still able to offer key ideas and recommendations for implementation.

During the selection process, the 111 organization that submitted a project were invited to respond to an open questionnaire focused on their methodologies of work. By avoiding pre-selected answers, our intention was to maximize the diversity of result. The questions received puts in evidence not only this big variety of methodologies put at service of the care of aging drug users, but also the rich terminology by which the same methods are referred to and the specificity with which some respondents approached this task. We have decided to offer you this information in its complexity in an attempt to communicate this diversity.

However, aiming at the comparability of all the information and making it more accessible, we have grouped all of the answers into 6 broad categories, namely Housing, Mental Health, Medical Services, Social Work, Work Inclusion and Education. Taking into consideration that some of these methods would fall under more than one of these categories, we have distributed them adequately to reveal a more precise image.

**Best Practice Collection  
Specific Services**



Received Answers from the selected Specific Services

Distribution in categories

**SPECIFIC SERVICES**

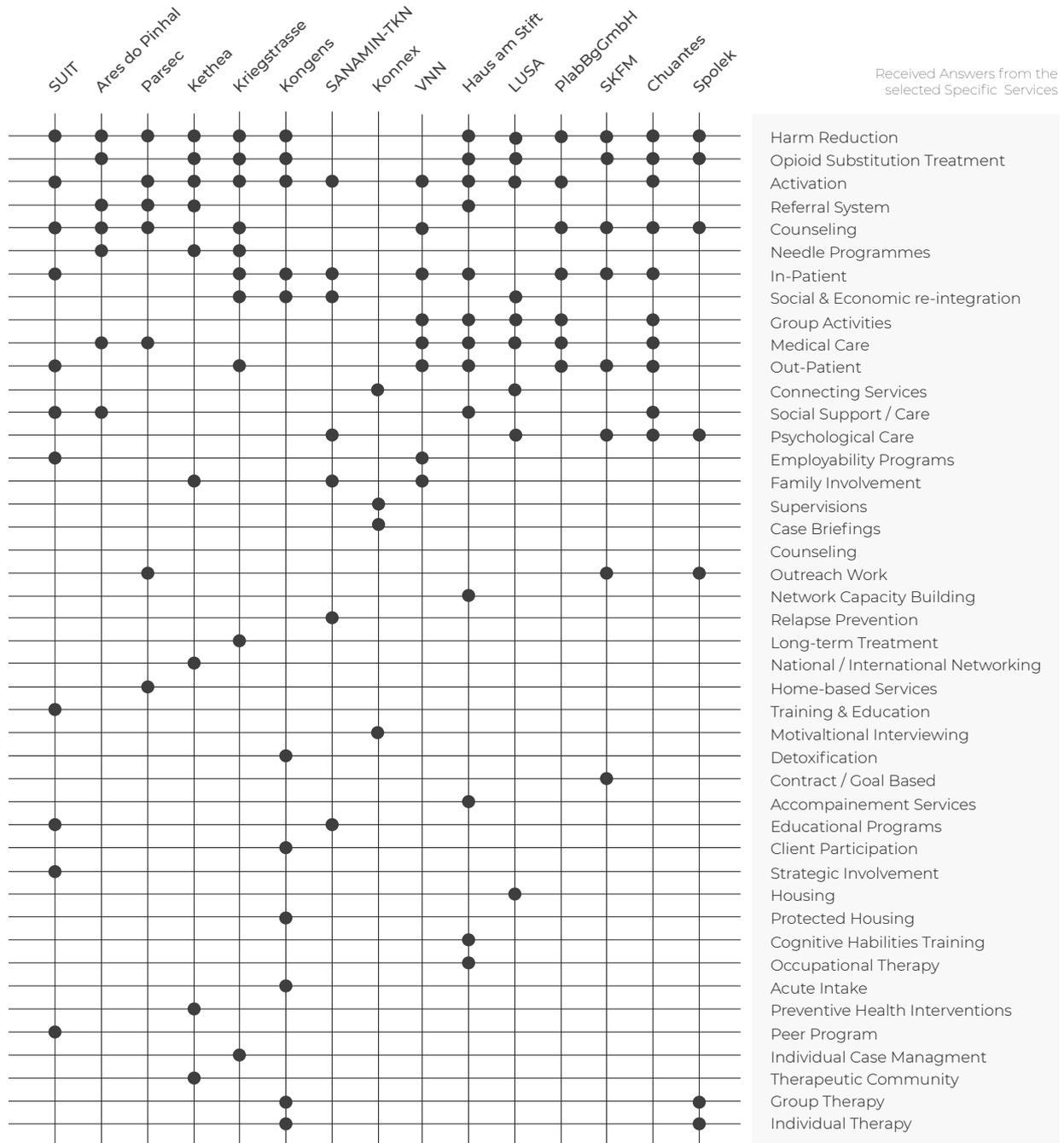
Compared to non-specific services, the projects presented in this section have as their main focus the delivery of specific care to their clients. Having their particular needs as an starting point, the diagnosis and care offered takes into account variables such as age, type of substance consumed, comorbidity, previous treatment received, chronic conditions, among others. For this reason, clients often experience a sense of security and understanding as the care provided in this programs mirrors more closely the type of service they need.

In this category of services, the methodologies reported most by the respondents are those of Harm Reduction (20%), Activation (12%), Opioid Substitution (12%) Treatment and Counselling (10%). Following them, we encounter Referral System, Inpatient Services and Outpatient Services, all of them with 5%.

From this analysis, we can mainly deduce that the Harm Reduction (if we combine that with the OST, even more) is methodology used often when designing services for aging drug users, as well as Activation techniques, mainly in Mental Health and Vocational Work Inclusion. They are followed by many of the most classic or known methodologies, but there is still a need to improve a more widespread use of methods such as Long Term Housing, Group Therapy and Group Activities, or Neuropsychology, which has proved very effective for early and accurate diagnosis and also the efficiency of the centres, reducing health-care costs due to to early detection.

The areas of work most used are Mental Health (29%), Social Work (20%) and Medical Services (17%). These three areas are followed by other areas of intervention such as Vocational Work Inclusion (14%), Housing (14%) and finally Education (7%).

Best Practice Collection  
Non-Specific Services



Received Answers from the selected Specific Services

Mental Health 29%

Social Work 20%

Medical Services 17%

Housing 14%

Vocational Work 14%

Education 7%

Distribution in categories

It is surprising to see that, whilst professionals working in drug addiction and social inclusion often call to incorporate more housing services, to give stability to these people and ensure good social care, only 14% of methods refer to Housing. However, the areas are quite spread out and it is clear that not only work in offering Medical Services or Mental Health but that too much weight is given to Social Work, with methods of Harm Reduction, counselling or activation, or as for example with vocational work inclusion, through activation techniques, individual case management or support in labour integration

## NON- SPECIFIC SERVICES

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During the selection process of Good Practices, 15 organisations were selected that, in addition to other target groups, also offer services to aging drug users.

Among the areas of work there is a decrease in Housing services with respect to specific services (from 14% to 7%), therefore this type of intervention should be prioritized when one develops a project aimed at aging drug users. In addition, in non-specific services, the use of social work considerably increases while the use of mental health resources decreases, the opposite of what happens in specific services. This is to be expected if we take into account that older population have more mental health problems, although it should not be at the expense of social work.

Regarding the most used methods, the same happens between the specific care services and non-specific care services, in which Harm Reduction (15%), which usually includes Opioid Substitution Treatment (12%) and Needle Syringe Programs (4%) is mostly used. Then we see the methods of Activation, Referral System and Counselling, as in the previous section.

Hence, we can affirm that there is not much difference between the methods used in adult care services that only serve the aging population. It is not surprising if we observe that it is an issue of interest, and the professional sector is interested and receptive to talk about it, but without a clear idea, much less specific objectives, specific methodology and some thoughtful activities and programs only and for the needs of these people.

## DESCRIPTION OF THE MOST USED METHODS

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### Harm Reduction

Harm reduction, as a paradigm or theoretical-methodological model, can be described as set of strategies directed at reducing the health, social and economic harms of drug use of individuals, communities and societies. A core principle of harm reduction is the development of pragmatic responses to the negative effects of drug consumption. Consequently, harm reduction accepts that the consumption of drugs (both licit and illicit) in any society is inevitable, and therefore puts the focus on responding to the local and specific needs of those who consume drugs.

Examples of this responses may involve needle and syringe programs, opioid substitution treatment, counselling services, the implementation of drug consumption room facilities, peer education or outreach work.

### Opioid Substitution Treatment

Opioids Substitution Treatment supplies illicit drug users with a replacement drug, a prescribed opioids agonist such as methadone or buprenorphine. The effectiveness of this strategy is widely recognized, and in many countries is a fundamental component of the response to health problems to opioid dependent individuals. Greater rates of success have been observed in programs that include psychosocial support next to the prescription of the substitute.

The requirements to be able to enter in substitution treatment can vary widely among the programs, as the criteria for admission depend on the different legal and health systems of each country.

### Counselling, Therapy & Advice

Counselling can be described a collaborative process aimed at supporting people making necessary changes in their ways of thinking, feeling and behaving. To operate effectively, this method requires a non-judgmental and supportive environment as a means towards helping the client set viable goals, and develop the strategies and plans necessary to accomplish these goals.

Historically, counselling is one of the most important and often used intervention within the drug addiction field. As a consequence, we are able to find multiple techniques and approaches employed in a diversity of professional contexts. For example, often times is easy to find that a client parallel therapeutic processes on a psychological, social, medical and neuropsychological level. In some of this area's, like neuropsychology, a different array of tests are conducted to detect early pathologies and address them earlier, improving the prognosis as much as the cost efficiency of the services.

When speaking about counselling, it is important to differentiate this term from 'therapy', despite the fact that often times both terms are used interchangeably in the field of care for aging people with addictions. Whereas counselling typically tends to refer to a short-term process, focused on identifying and implementing potential solutions to a current issue, therapy is a medium to longer-term process focused on long-standing attitudes that have significantly impacted an individual's quality of life, and/or relationships.

Equally, it is also necessary to distinguish the so-called 'advising' techniques. Within the drug-consumption context, advising techniques are usually applied when non-problematic drug users. Their function, in this way, is to act when the problem has not yet developed. For this reason, their use and application should not be ruled out in cases of older people for whom there is no need for therapy.

Choosing a method from which to approach the support of an aging drug user. For example, some clients with a high level of self-sufficiency might not wish to access therapy and would prefer a shorter counselling format

### **Activation**

Activation programs refer to a wide range of activities such as voluntary work, work training and placements, training courses and language courses, sports and cultural activities. These activities reintroduce structure into a person's life, bring social contact and helps to restore self-confidence.

Activation programs are structurally implemented in a wide variety of services aimed at supporting people at risk of social

exclusion. From those, the programs targeting elderly people or substance users have been proven a fundamental tool.

Experience in the field has shown that, among people who use drugs, the elderly are the ones with the most motivation to participate in activation programs. In those cases, the most successful programs are those which articulated participation around group activities, and have a direct impact in their quality of life.

### **In & Outpatient Approaches**

The services identified within the Best Practice collection can be categorized into inpatient and outpatient procedures, or a combination of both. The difference between these two approaches is how long a person can or must remain in the facility where they receive support.

In outpatient services clients do not need to spend the night at the service. Unless complications arise, once they have performed the necessary procedure, they can leave the centre. The main advantage of this option offer a greater comfort as they are able to recover and continue living in their homes while they are still able to follow a treatment. Inpatient services, on the other side, requires the client to remain at the facilities for at least one night. During this time, they remain under the supervision of professional staff. Examples of this approach may involve a detoxification program, long-term treatment, acute intakes or services for people who do not have a house.

When implementing a service for aging drug users, there are several aspects to take into consideration. For example, when implementing an outpatient service, special care must be taken to ensure that the daily activities can be carried out independently. In case they are not, options such a home based services, or referral to protected housing could be taken.

Further, considering that contact with clients often times is less than in an inpatient service, special attention should be given to how their needs for social support, leisure and daily life structure are met. so that other specific techniques such as activation techniques (day activities, group activities, daily structure programs, employment integration), social and economic reintegration, neighbourhood involvement, etc., can be used.

Despite offering a more sustained and close support to aging drug users, inpatient services involve a higher cost of treatment than outpatient ones. As a result, often times decision makers and directors of organizations need to include finding additional resources to guarantee the viability of the hospitalization and residential services.

### Referral system

A referral system can be defined as a comprehensive institutional framework that connects governmental and non-governmental entities into a network of cooperation, with the overall aim of ensuring the social, economic and health support of their clients.

The need for efficient referral systems is one of the main topics that most contributors have pointed out in the collection of Best Practices. For them to work properly, referral mechanisms need efficient lines of communication and clearly outlined referral pathways and procedures, with clear and simple sequential steps. The disposition of these strategies favours a good detection and early attention of the pathologies or problems. In addition to this, a coordinated monitoring mechanism, such as a joint database for monitoring the system of response and improving the capacity building ensures and effective referral system and service delivery

## ADAPTED SPECIFIC SERVICES FOR AGING DRUG USERS

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Through the Best Practice Collection, we have observed that specialised treatment and care programmes for older drug users are rare in Europe. This mirrors those concerns that have been voiced regarding current the state and needs of treatment and care services working with this target group. It is for this reason that the main objective of the Erasmus+ Project BeTrAD is to provide adult trainers and organisations working in the field of drug use, geriatric, and local governments with tools and models of good practice with which to create opportunities for the establishment and improvement of services for ageing drug users.

However, despite this general landscape, in several European countries we are able to find

services that target aging drug users. Examples of this initiatives include pilot projects directed at alcohol or medication abuse. Further, as presented in other sections of this Toolbox, older people and addiction is already part of the national drug action plans of several countries in Europe.

For example, in **Germany** we have found 8 pilot projects whose activities include education, networking and capacity building in the field of substance abuse, especially in inpatient services funded by the government.

Although these services do not target specifically aging drug users in most cases, the national drug strategy coordinates care and medication for older alcohol and drugs users. Further, there are some new inpatient services under construction (e.g. in Düsseldorf, a project with inpatient nursing care for elderly drug users). Besides these inpatient services, there are some special facilities with the possibility of outpatient nursing care, such as LÜSA Unna, Kriegkstraße Frankfurt/Main, etc.

In **Luxembourg**, TABA, is a work project for ageing drug users 45+ years, launched by Abrigado. Although demand for this project is high, participation is still limited to a maximum of 20 persons.

In **Spain**, non-specific services for drug users have been adapted to respond to the needs of aging drug users. In Barcelona, for example, the Vall d'Hebron Hospital called PAAC has initiated a project to the growing demand of services for elderly patients with substance consumption disorders, with or without concurrent psychiatric problems.

In **Austria**, we have observed a development of specific services for older drug users, as much as specialized tools such as assignment forms. Furthermore, it is important mentioning CONTACT and KONNEX in Vienna. These services are intended to support the transition of opioid users from a hospital setting into other nursing facilities.

In **The Netherlands**, due to the existing housing programs for opioids addicted people, there are not many specific services. This is in part because of the already existing housing programs for opioid addicted people, and the existing structures of social and health care. An example of such a housing program is Woodstock, which includes a nursing service.

## 4.0.

# BEST PRACTICE COLLECTION

Through desktop research and stakeholder analysis, potential examples of good practice were identified within the fields of addiction-, health- and mental health care. They were sent a questionnaire with both specific (quantitative) and open (qualitative) questions, developed by Correlation Network.

The best practice assessment itself involves several rounds of selection. This resulted in a set of 'top' listings, of which the top 22 examples were selected.

## AUSTRIA

### Konnex

Konnex stands for being connected, establishing a sense of coherence and staying in contact. To achieve this, the service cooperates with interdisciplinary partners and organizations to build bridges between addiction services and the Viennese health- care and social sectors.

Konnex also provide training to service employees through team meetings, workshops. Their experts tailor these training offers individually to the respective institution. In 2011 and 2012, Konnex proactively contacted all care facilities in Vienna to offer its services.

[www.sdw.wien](http://www.sdw.wien)

## BELGIUM

### WZC Bilzenhof

Bilzenhof is a live-in Care Center (nursing home) for the elderly in need of physical and psychological care, provided by the organization 'Zorgbedrijf Antwerpen'. It is situated in a multicultural neighbourhood where a lot of people are in a vulnerable situation through poverty, substance abuse, isolation, migration, homelessness and psychological disorders.

The care center is specialized to meet the needs of this population. They provide housing solutions for a total of 95

clients, divided into three 'care groups'. One group, housing 27 clients is intended as a 'closed' department, specially for those clients that present severe cognitive deterioration, whereas the second group of 27 clients is intended for those that predominantly have physical care (somatic) needs. The third group, housing up to 41 clients is intended for those with a long pre-existing psychiatric history or with complex social and/or psychological problems. All clients with a history of substance abuse are housed within this third group.

[www.zorgbedrijf.antwerpen.be/onze-diensten/woonzorg-centra/onze-centra/woonzorgcen-trum-bilzenhof](http://www.zorgbedrijf.antwerpen.be/onze-diensten/woonzorg-centra/onze-centra/woonzorgcen-trum-bilzenhof)

## CZECH REPUBLIC

### Therapeutic Community Němčice (TKN)

The TKN project is a social service from the organization SANANIM, implemented with financial support of (among others) the Office of the Government of the Czech Republic and the Government Council for Drug Policy Coordination.

It was founded in 1991 based on DeLeon's effective factors as the first of its type in the Czech Republic and served as a model for other therapeutic communities in the '90s. The therapeutic community provides long-term residential treatment and social rehabilitation to citizens of the Czech Republic who are unable to cope with the serious consequences of their long-term careers of (non-alcoholic) drug use.

[www.sananim.cz](http://www.sananim.cz)

## Spolek Ulice Plzen

These are two projects from the same organization. SC is a substitution center that provides treatment for opioid addicts that test negative for methamphetamine. Their aim is to motivate clients to abstain from addictive drugs, improve their health and work towards social stabilization. TPU is an outreach program that focuses on harm reduction of their lifestyle and contribute to the protection of public health.

[www.ulice-plzen.com](http://www.ulice-plzen.com)

## DENMARK

### Kongens Ø Munkerop

King's Island Munkerop is an independent institution of "Kongens Ø" or "King's Island", a non-profit organization working towards prevention and treatment of addiction. This institution is running a unit specifically targeting substance users in critical circumstances, providing them with an acute intake. 2013 in Dronningmølle, a seaside resort town in eastern Denmark.

Accepting clients of all ages, their main mission is to help clients get a better perspective on their lives, by helping them to gain the necessary tools to manage their lives and circumstances. On average they work with 45 individuals in their in-patient program, about two-third of them are 40+ years old. Due to a 58% drop in in-patients admissions in Denmark over the last decade, the institute was able to provide solutions for patients that under normal circumstances would not receive an offer.

This special service started as a 4 year model-project in coordination with the National Board of social services ('Socialstyrelsen').

[www.kongensoe.dk](http://www.kongensoe.dk)

## FRANCE

### CHUNantes

The addictology department of the University Hospital Center (CHU) of Nantes offers comprehensive addiction treatment, both for addictions to a psychoactive substance (legal and illegal) and for behavioural addictions (eating disorders, pathological gambling, sexual addiction, etc.). These disorders are important to take note of as they are often badly identified, yet cause great suffering with consequences to clients, their family and their social or professional environment.

[www.chu-nantes.fr](http://www.chu-nantes.fr)

## GERMANY

### Kriegstrasse

Kriegstrasse is one of IDH e.V.'s institutions. IDH e.V. addresses drug users of all ages that are long-term dependent on illicit drugs, providing harm reduction, prevention programs for self-controlled reduction in drug consumption and vocational trainings. IDH e.V. also cooperates with regional partners to implement new projects. Kriegstrasse provides in- and out-patient assisted living for up to 45 clients, where the focus is to improve the daily structure of clients and encourage personal development. Target group

Although the service is not exclusively for ageing drug users, the average age of clients is generally over 40 years old. The service is still accessible for drug users with concurrent mental health issues (comorbidity) and also for users with disabilities. Kriegstrasse provides 28 (barrier-free) apartments, 5 of which are wheelchair accessible and supportive services for 23 out-patient clients. Rent is to be covered by unemployment insurance, social welfare of care or by clients themselves.

[www.idh-frankfurt.de/kriegstrasse](http://www.idh-frankfurt.de/kriegstrasse)

### Haus im Stift

Haus im Stift is a housing project located in the heart of the historic village center of Gevelsberg, only a few minutes' walk from the city center with all shopping facilities and comprehensive medical care as well as cultural offers. Bus and train are within walking distance and there is close cooperation with the neighbourhood as well as with parishes, the municipality, authorities, businesses, counselling and therapy facilities, clinics, colleges and doctors.

[www.bethel-regional.de/einrichtungsdienst-details-108/items/haus-im-stift.html](http://www.bethel-regional.de/einrichtungsdienst-details-108/items/haus-im-stift.html)

### Projekt LÜSA

Projekt LÜSA is located in the low-threshold drug-treatment and a member of "Akzept e.V.". This federation's goal is the creation of social conditions in which a dignified life, free of discrimination, is possible for all people, including drug users. They have social visions and support a rational drug policy, which aims at overcoming the prohibition policy with innovative technical approaches.

[www.luesa.de](http://www.luesa.de)

### Plan gGmbH

Plan B gGmbH was founded on 01.12.2014 with the following aims in the statutes: The purpose of the society is to create, support and entertain facilities for addicted and addictive people in the district and the Enzkreis, as well as to take appropriate measures to these people effectively.

The purpose of the society is in particular achieved through: health education, preventive measures in cooperation with other institutions such as youth welfare,

integration of the social environment of affected persons, local networking with organizations and institutions involved.

Plan b gGmbH is a subsidiary of the AG Drugs Pforzheim eV. Plan B gGmbH now has 5 different workplaces, which either directly carry out search assistance (youth and addiction counselling) or at the interfaces youth assistance, health promotion prevention or early intervention.

[www.planb-pf.de](http://www.planb-pf.de)

## SKFM Dusseldorf

The Social Service of Catholic Women and Men Düsseldorf, founded in 1903, is the bearer of a network of services and institutions for youth, family and those 'endangered' or on welfare. In this network there are approximately 260 full-time and approximately 160 honorary employees. The SKFM Düsseldorf e.V. is specialist organization in the German Caritasverband. The drug counselling center "komm-pass" is part of the alliance system of the SKFM Düsseldorf e.V.

[www.skfm-duesseldorf.de](http://www.skfm-duesseldorf.de)

## GREECE

### KETHEA

KETHEA is not so much an individual project, but an overarching organization that consists of more than 100 units across 26 cities and 17 prisons throughout Greece.

In general, it aims at harm reduction, prevention, early intervention and community development as well as promoting scientific knowledge, lifelong learning of professionals and raising awareness and advocacy. All KETHEA services are provided free of charge on a non-discriminatory basis.

[www.kethea.gr](http://www.kethea.gr)

## ITALY

### PARSEC

Founded in 1996, this overarching organization promotes interventions and services within several areas, including but not limited to (drug) dependency. They run a large number of programmes, some more general and some more targeted towards specific groups similar in socio-demographics or complexity of their problems. We will highlight two of its programmes.

Firstly, 'UPP' a street unit focused on prevention of pathologies related to dependencies (also called the 'Fuori Strada Project') and secondly 'SCARPANTO', the center of first admissions.

<http://www.cooperativaparsec.it>

## LUXEMBOURG

### TABA

TABA is a structure-giving employment offer for older drug users. Drug use is tolerated without obligation to be in substitution treatment, however access to gain such treatment is supported by the project. The service is free for clients, the only expense is the time clients spend in the project and individual travel expenses.

The project facility is far away from the drug scene (15km) and easily accessible by bus/train and services a group of (on average) 15 individuals. The employees are experienced drug workers with at least 10 years of experience working with drug users. They have all previously worked in a low threshold center for drugs (ABRIGADO) and are of similar age to the participants.

[www.cnds.lu](http://www.cnds.lu)

## NETHERLANDS

### Woodstock

The housing solution 'Woodstock' was founded in 2008, after Parnassia professionals noticed there was an increasing amount of homeless and addicted persons who were not rehabilitating (kept 'coming back') and needed a place to stay. Often, there are no other options available to them because they do not fit into 'regular' addictive or psychiatric services (due to somatic problems) or into nursing homes (due to the addiction and/or psychiatric) problems. Therefore, this group runs the risk of 'falling through the cracks' and Woodstock tries to address this particular group.

[www.parnassia.nl/hoe-wij-helpen/dak-en-thuislozen](http://www.parnassia.nl/hoe-wij-helpen/dak-en-thuislozen)

### VNN Polyclinic Leeuwarden

A polyclinic of the Dutch Foundation for Addiction Care North-Netherlands (Verslavingszorg Noord Nederland), situated in the city Leeuwarden. VNN represents a wide range of (professional) disciplines, enabling them to treat a broad spectrum of problems. By connecting clinical psychologists and psychiatrists to specific teams, comorbidity of addiction and mental health problems can be addressed as well.

[www.vnn.nl](http://www.vnn.nl)

## PORTUGAL

### Ares do Pinhal

This is a low threshold methadone program run by the organization Ares do Pinhal – a harm reduction program in Lisbon. This is an ambulatory medical and psychosocial program, based on proximity strategies with methadone administration. Initially there was only one unit with a fixed

location. After 2001, the program consists of three mobile units closely working with a 'support of ce', operating every day from ve strategic points of Western and Eastern Lisbon. These strategic points were selected based on their greater proximity to areas of consumption and public transportation.

[www.aresdopinha.pt](http://www.aresdopinha.pt)

## SPAIN

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### PAAC Programme

PAAC was created in 2015 for the population of Horta Guinardó and Vallarca, with the purpose of responding to the growing demand of elderly patients with consumption problems with or without concurrent psychiatric problems. All patients are treated in the Addictions and Dual Pathology Section of the Vall Hebron University Hospital.

The programme uses a quick and bidirectional referral system with other hospital services, such as Neurology, Hepatology, Neuropsychology, the Sleep Unit etcetera. This enables the programme to carry out an integral treatment of these patients. They do accept patients referenced by hospitals from other cities, though this poses some logistical difficulties and it is recommended for other hospitals to implement such programs for themselves.

<http://www.vhebron.net/>

## UNITED KINGDOM

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### SUIT

SUIT is a charity based organization run and host by the Wolver-hampton Voluntary Sector Council that is managed, run and led by peers. They offer a wide range of services focused on recovering individual talents and educating people and organizations about the risks and difficulties surrounding substance misuse. The organization is commissioned to take on volunteers either looking for treatment, already receiving treatment or that have received treatment in the last 6 months.

[www.suiteam.com](http://www.suiteam.com)

### MORE INFORMATION

For more information about the Best Practice Collection process, and a complete description and analysis of the selected services, please, consult

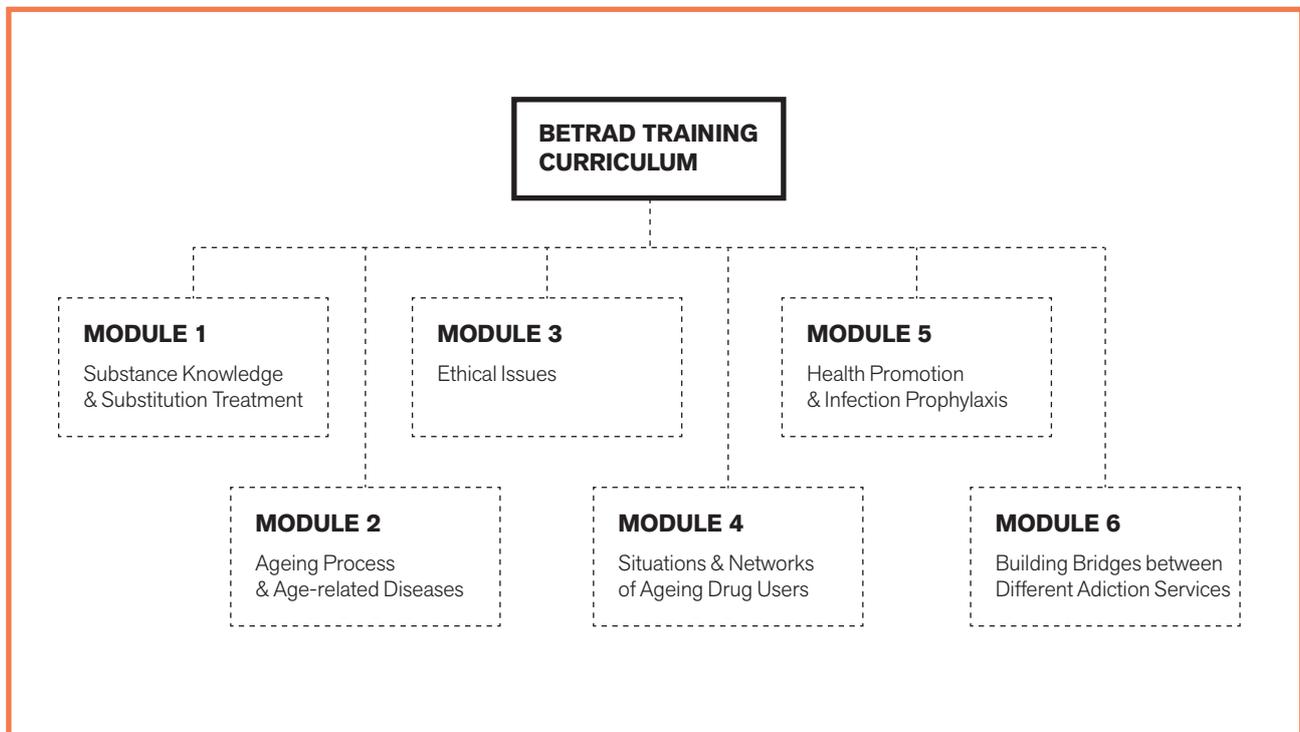
Betrad - Best Practice Collection  
[www.betrad.eu](http://www.betrad.eu)

## 5.0.

# LITERATURE RECOMMENDATIONS

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Another important goal of BeTrAD's is to offer social services providers and policy-makers with literature recommendations and scientific evidence with which to support the development of projects targeting agind drug users. Besides offering an entry point into the state of art in the field of reserch, the following bibliography supported as well the development of each of the modules that strucure the Training Curriculum.



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**Misuse of Drugs and Addictive Substances in the Old age.**

Univerzita Karlova v Praze, Husitská teologická fakulta.

Baštecký J., et al (1994)

**Gerontopsychiatrie.**

Prague: Grada Avicenum

Biláèková, V., et al (2016).

**The Use of NSDs among Problem Drug Users: Prevalence, Patterns of Use, and Related Risks as a Challenge for Harm Reduction Programmes in the Czech Republic.**

Adiktologie, 16(2), 106–119

Čeledová, L. et al (2014)

**Sociální gerontologie: Východiska ke zdravotní politice a podpoře zdraví ve stáří.**

Prague: Grada Avicenum

Černíková, T. (2017)

**Residential social care centers with special regime for substance abusers and persons at risk of substance use.**

Univerzita Karlova.

**Declaration from the European Conference on the Care and Protection of the Elderly. Dignity and vulnerability of the older people. 25 & 26 of May, 2009.**

Retrieved from: <http://www.seniorum.cz/uploads/document/7.doc>

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