

THERAPEUTIC COMMUNITIES IN EUROPE:

OVERVIEW, CURRENT PRACTICES AND NEW CHALLENGES.

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CONTENT

- *EFTC*
- *druguse in Europe*
- *Tc's in Europe*
- *A changing social environment*
- *Research*
- *Conclusions*
- *EFTC*

EUROPEAN FEDERATION OF THERAPEUTIC COMMUNITIES

EFTC
president



EUROPEAN FEDERATION OF THERAPEUTIC COMMUNITIES

- Founded in 1978 on the initiative of a group of therapeutic communities for residential drug treatment
- an European federative organization supporting the psycho-pedagogical approach helping drug addicts to return to a drug free life style and to become contributing members of the wider community.
- Working in close cooperation with EWODOR: a scientific forum for the TC and EFTC

EUROPEAN FEDERATION OF THERAPEUTIC COMMUNITIES

- Main Goals:
 - To advance the cause of rehabilitation for problem drug takers and others who would benefit from the therapeutic community approach.
 - To provide a channel for communication and co-ordination.
 - www.eftc-europe.com
 - <http://www.jiscmail.ac.uk/lists/therapeutic-communities.html>
 - To promote exchanges between treatment centres.
 - To encourage a high standard of staff training.
 - To organise European conferences on rehabilitation and drug policy.

Europe



- 4 miljoen km²
- 503 miljoen inhabitants
- 37 countries
- >24 different languages



European Monitoring Centre
for Drugs and Drug Addiction

EN

ISSN 2214-9098

European Drug Report

Trends and developments

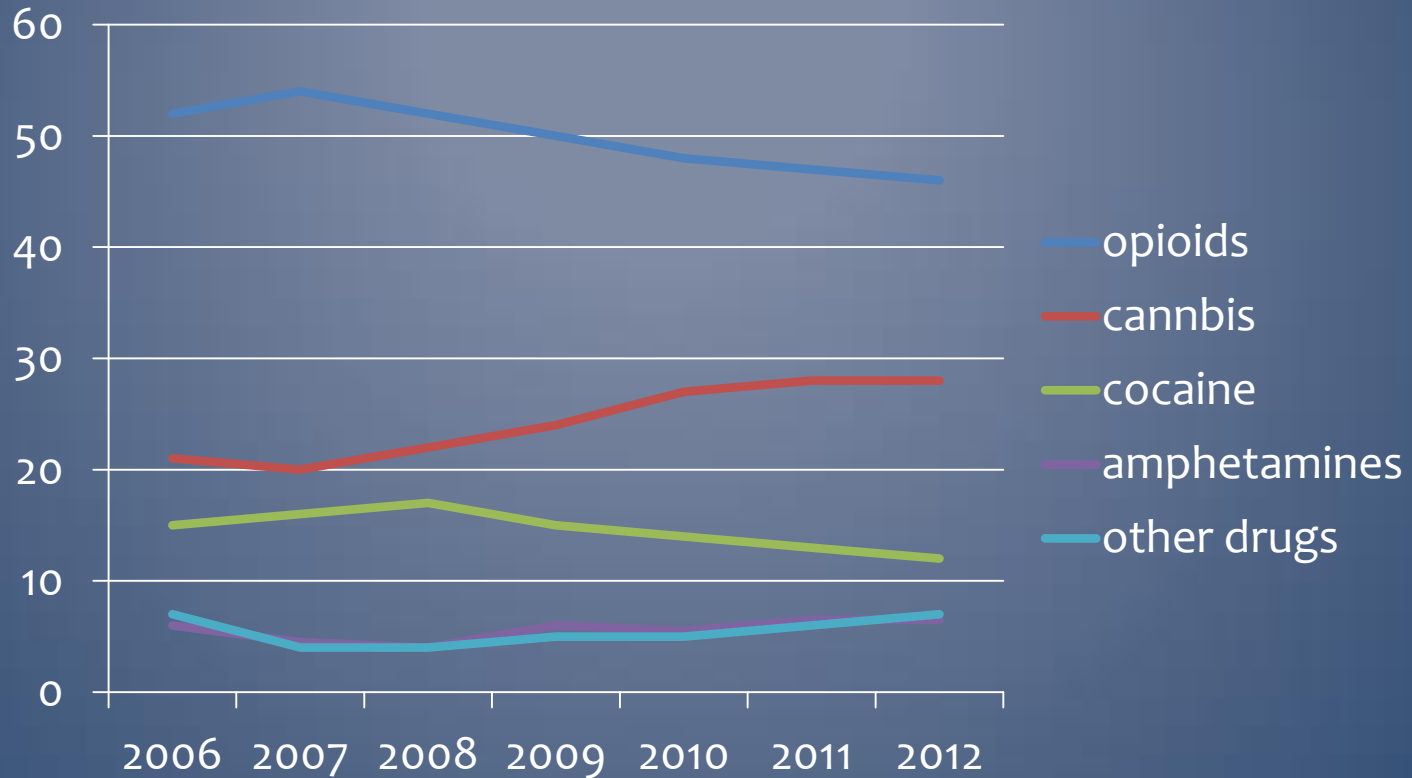
| 2014

LIFETIME USE OF ILLICIT DRUGS IN EUROPE

drug	users
cannabis	73,6 million
Cocaine	14,1 million
amphetamines	11,4 million
ecstasy	10,6 million

Almost a quarter of the adult population in the European Union used illicit drugs at some point in their lives (+/- 80 million adults)

1,3 MILLION EUROPEANS IN TREATMENT FOR DRUG USE



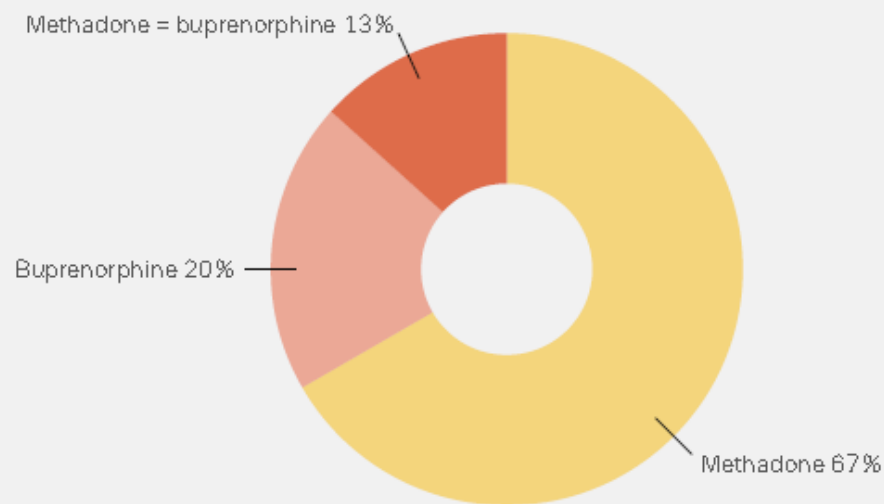
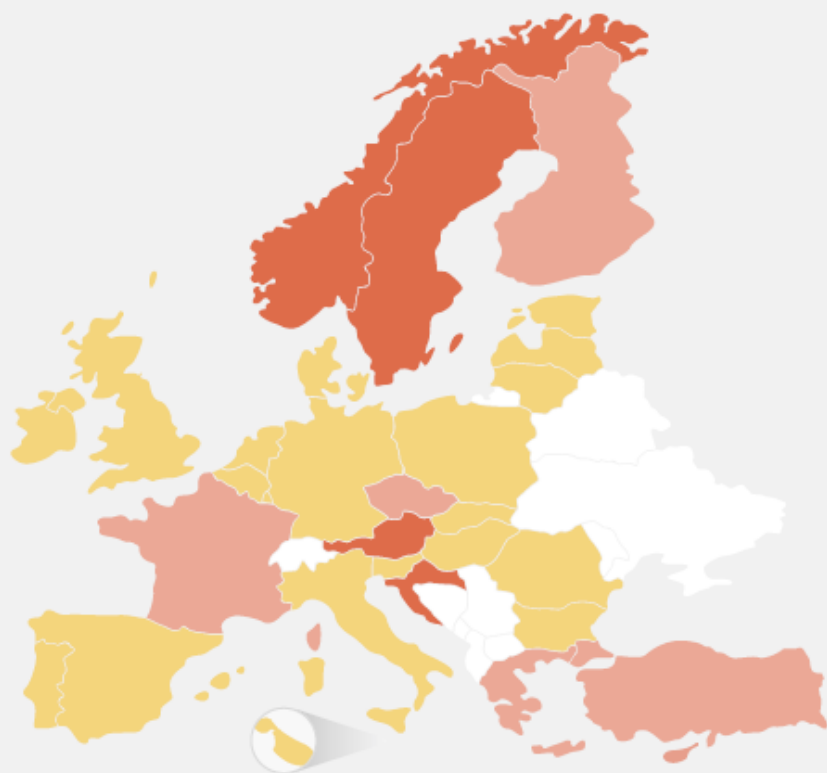
% OF CLIENTS ENTERING SPECIALISED DRUG TREATMENT SERVICES, BY PRIMARY DRUG (TREATMENT DEMAND INDICATOR)

EVOLUTION PRIMARY DRUG



MAIN OUTPATIENT TREATMENT = SUBSTITUTION TREATMENT +/- 734000 OPIOID USERS (2012)

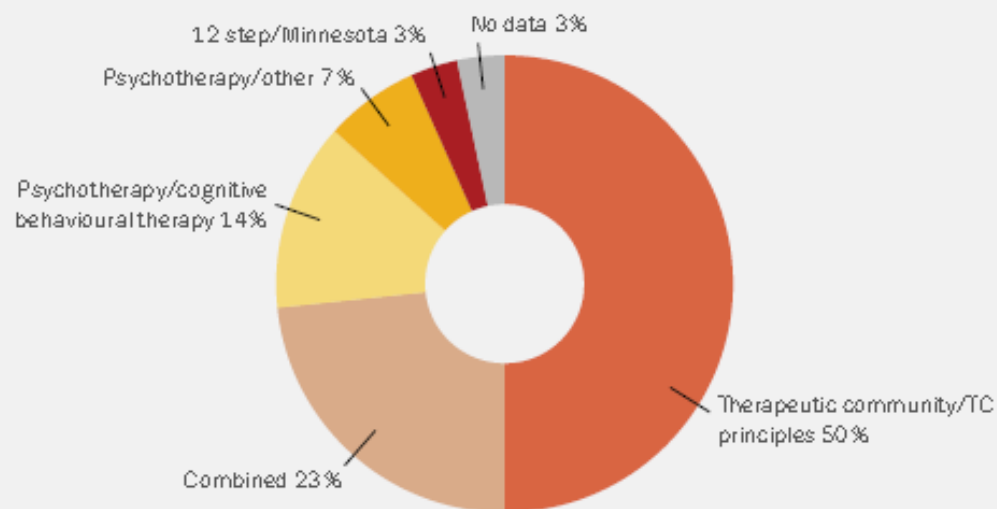
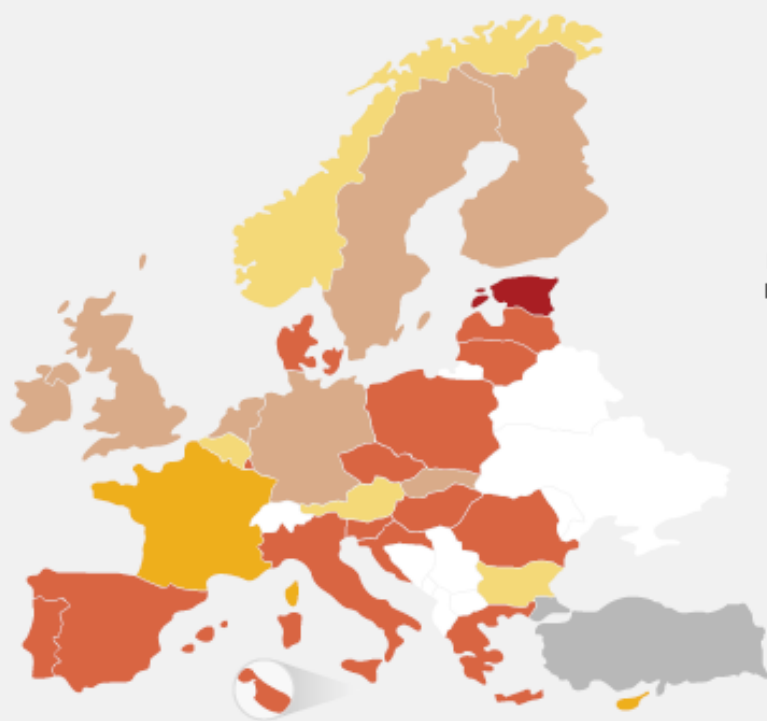
Predominant opioid substitution medication at national level (left) and as a proportion of substitution clients in Europe (right)



■ Methadone ■ Buprenorphine ■ Methadone = buprenorphine

RESIDENTIAL TREATMENT : THERAPEUTIC COMMUNITY MODEL PREDOMINANT IN 15 EUROPEAN COUNTRIES

Predominant therapeutic approach in residential programmes, by overall number at national (left) and European (right) levels, 2011



Therapeutic community/TC principles Combined Psychotherapy/cognitive behavioural therapy
Psychotherapy/other 12 step/Minnesota No data

THERAPEUTIC COMMUNITIES FOR DRUG ADDICTS IN EUROPE



European Monitoring Centre
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INSIGHTS EN

ISSN 23 14-9764

Therapeutic communities for treating addictions in Europe

Evidence, current practices and
future challenges

15

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Table 1: Overview of the number of TCs per country, their capacity and (estimated) number of clients per year (2011), as well as an estimation of the average number of clients per TC/country and the estimated number of treated clients per available bed/year

Country	Number of TCs	Total capacity	Number of clients per year	Average number of clients per TC	Number of treated clients/bed per year	Number of TCs/ 100 000
Austria	9	269	599	30	2,23	0,107
Belgium	8	204	357	25	1,75	0,073
Bulgaria	3	60	140	20	2,33	0,040
Croatia	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Cyprus	1	50	86	50	1,72	0,125
Czech Republic ^b	10	160	394	16	2,46	0,095
Denmark	1	15	41	15	2,73	0,018
Estonia	1	26	82	26	3,15	0,074
Finland	4	58	264	14	4,55	0,074
France	11	380	n.a.	34	n.a.	0,017
Germany	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Greece ^a	11	417	980	38	2,35	0,097
Hungary ^c	14	374	738	27	1,97	0,140
Ireland	2	45	75	22	1,67	0,044
Italy	798	n.a.	n.a.	n.a.	n.a.	1,317
Latvia	2	6,5	14	3	2,15	0,089
Lithuania	19	330	620	17	1,88	0,585
Luxembourg ^a	1	25	44	25	1,76	0,200
Malta	7	129	360	18	2,79	1,750
Netherlands	8	n.a.	n.a.	n.a.	n.a.	0,048
Norway	5	123	323	25	2,63	0,101
Poland	85	2 852	10 000	34	7,01	0,223
Portugal	57	1 977	3 584	35	1,81	0,535
Romania	3	25	n.a.	8	n.a.	0,014
Slovakia ^b	19	347	857	18	2,47	0,349
Slovenia	4	112	n.a.	28	n.a.	0,195
Spain ^b	129	n.a.	8 134	n.a.	n.a.	0,273
Sweden	1	11	27	11	2,45	0,011
Turkey	0	0	0	0	0	0,000
United Kingdom	10	454	851	45	1,87	0,016
Total	1 223	8 449.5				

Note :

^a = 2010 data ; ^b = 2009 data ; ^c = 2008 data ; n.a. = not available

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ITALY

- *798 Therapeutic communities ??*
- *TC = a small family type structure with a capacity of four to six residents.
Adhering to international TC guidelines and standards*

DEFINITION

A TC is a *consciously designed* drug free social *environment* in which people with addictive (and other) problems live together in an *organised and structured way*. The social and group processes of the community are *the method itself*, and through them, *change and recovery* are promoted. In this way, a drug-free life in outside society is made possible”. (Eric Broekaert)

“ the fundamental distinction of the therapeutic community is that it utilizes “*community as method*” in addressing the substance abuse and social and psychological problems of the individual.

(De Leon)

MAIN FINDINGS (1)

- *TC's for addiction are spread all over Europe – though not equally.*
- *over 1200 TCs in Europe, but this number is largely influenced by the huge number of TCs in Italy (n=798)*
 -
- *The number of TCs is low (<5) in the majority of countries.*
- *It is a well-established treatment modality in most Southern and some Eastern European countries.*

MAIN FINDINGS (2)

- *Treatment length : 3 to 18 months; ususally between 6 and 12 months.*
- *Capacity: 15- 25 residents*
- *Mostly 1 to 2 TC's for 1 million inhabitants.*
 - *> in Italy, Malta, Lithuania, Portugal, Slovakia*
 - *< Denmark, France, Sweden, UK;*
- *Estimation of number of TC beds in EU: 15 000.*
- *Lack of standardized data collection methods.*

A CHANGING SOCIAL ENVIRONMENT

- *A free economy with sharp competition.*
- *Strong individualistic values: total privacy, absolute individual freedom.*
- *less solidarity.*
- *Fading of the general norms and values.*
- *The continues confrontation of each individual to have to take decisions.*
- *The enormous fading of the society standards.*

TREATMENT FOR DRUG ADDICTS

Care broadening

Differentiation of treatment

Harmreduction vs treatment

CARE BROADENING

Therapeutic communities

Crisis centres

counseling centres

Short residential programs

Street corner work

Programs in prison

Needle exchange & aids prevention

Methadon Maintenance Centres

Shelters for homeless drug users

Case management

Employment and housing

DIFFERENTIATION

Clients with double diagnoses

Addicted parents with children

youngsters

homeless drug addicts

THE CARE NETWORK

“Managed Care”

“Comprehensive treatment model”

“Integrated treatment model”

THE CARE NETWORK, “AN INTEGRATED TREATMENT MODEL”

The agreement of a common goal: “Coaching the drug addict in his recovery”.

Continuity of care.

Permanent professional training.

A good system for assessment and monitoring.

Exchange of client information between the different involved treatment facilities.

The use of a client follow up system.

Working according to a treatment plan.

Acceptance of other treatment models or treatment ideologies and mutual respect.

A clear assignment of duties.

EUROPEAN RESEARCH ON TC'S

- 21 studies with longitudinal design and post-Treatment evaluation (14 unique studies)
 - Spain (n=3), UK (n=3), Norway (n=2), Italy (n=2) the Netherlands (n=2), Germany (n=1), and Switzerland (n=1); ongoing studies in Czech Republic and Poland
 - Published between 1977 and 2012 (8 since 2000)
 - No separate data reported on TCs in large Treatment outcome studies
 - No studies on modified TCs



EVIDENCE?

TC's widely evaluated

USA: most high standard research

Europe : mostly observational studies : reporting positive treatment outcomes, associated with:

- longer retention in treatment
- treatment completion
- Family involvement

results:

- reduction in drug use
- reduction in arrests
- Improvement in quality of life measures

OUTCOMES 'FIELD EFFECTIVENESS' STUDIES (1)

- *Significant improvements between baseline and post-treatment assessments.*
- *Positive outcomes mostly related to substance use, employment and social functioning.*
- *TC outcomes superior to those in other settings ;*
- *Not all residents benefit equally from TC Treatment: 60% improved, 30% unchanged and 10% deteriorated.*
- *Mortality rates: 7-12% (Berg et al., 2003; Wilson, 1985)*

OUTCOMES 'FIELD EFFECTIVENESS' STUDIES (2)

- *TC effectiveness related to length of stay in Treatment*
- *Drop-out is high, particularly during first months*
 - *27-30% relapses during first month after leaving the TC*
 - *Completion rates (around 20%) vary between studies + depending on program length*
 - *TC completers vs. drop-outs: superior outcomes on all outcome measures after 15 and 60 months.*

OUTCOMES ‘FIELD EFFECTIVENESS’ STUDIES (3)

- *Success rates (abstinence!) vary between 20 and 55%*
 - *20-30% in studies that included all ‘entrees’ + high follow-up rates*
 - *relapse becomes less likely after 5 years (Quercioli et al., 2006)*
 - *High levels of alcohol use among former TC residents!*

CONCLUSION

- 1) *Therapeutic Communities have to play an active role in the development of care networks without loosing their TC identity.*
- 2) *The treatment period in a TC is often only one part of a treatment path.*

CONCLUSION

TC's can improve their outcomes if they focus on :

- Time in programme
- Retention rate (High drop out in the early phase !)
- Programme completers
- Family involvement
- Motivation and readiness, comprehension of the program !

**15TH CONFERENCE OF THE
EUROPEAN FEDERATION OF THERAPEUTIC COMMUNITIES.
MARCH, 11 – 14
MALAGA
SPAIN**

Promoting an integrated
model

[http://eftc-
congressmalaga2015.com](http://eftc-congressmalaga2015.com)



THANK YOU !