



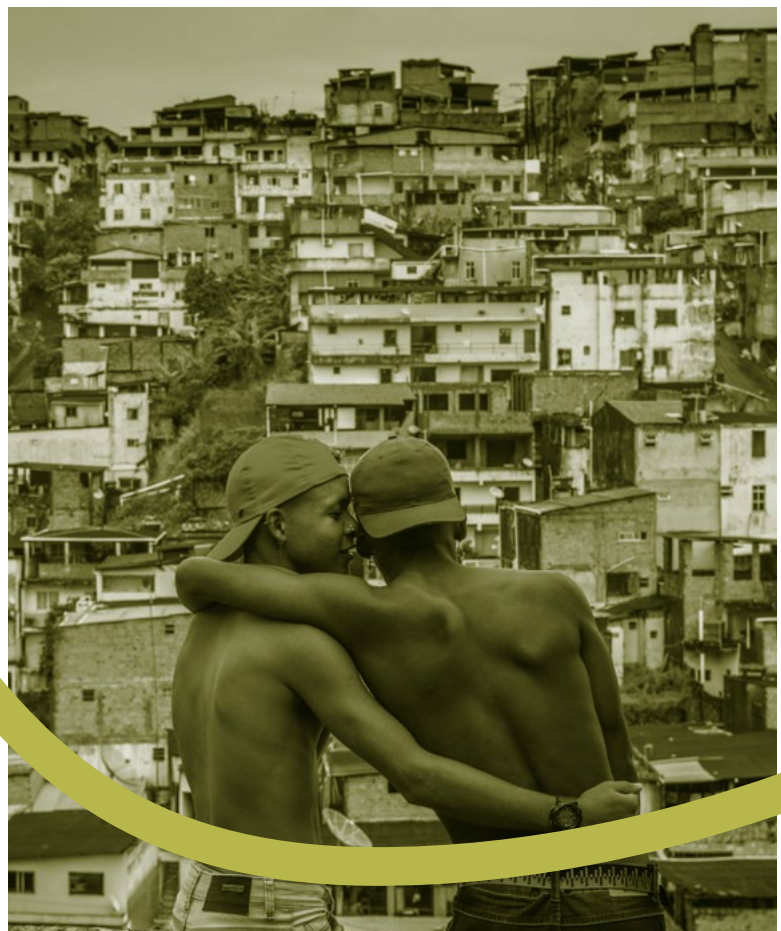
Cooperation Program between
Latin America, the Caribbean
and the European Union on
drug policy

Guide to good practices and intervention models in Latin America and the Caribbean and the European Union for addressing drug-related social vulnerabilities

Experiences from the
territory.



COP  LAD





COPOLAD III - Guide to good practices and intervention models in Latin America and the Caribbean and the European Union for addressing drug-related social vulnerabilities. Experiences from the territory

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Indice

EXECUTIVE SUMMARY 4

1. Guide evaluation methodology 6

2. CONTEXTUALIZATION 9

An approach changed after UNGASS 2016: human rights, development, and gender approach from the territories 9

3. CONCEPTUALIZATION 13

3.1. Understanding social vulnerabilities associated with drugs on the territory 13

3.2. Keywords 17

4. INTERVENTION MODELS IN LATIN AMERICA, THE CARIBBEAN, AND THE EUROPEAN UNION 22

4.1. Proposals to address social vulnerabilities associated with drugs on the territory 22

4.2. Other methodologies and practices to intervene within the community 36

4.3. Alive processes: model evolution and coexistence 41

5. TERRITORIALIZATION INDICATORS 44

5.1. Indicators catalog 45

5.2. Indicators application 52

5.3. Steps towards Territorialization 54

6. EXPERIENCES WITHIN THE TERRITORY 60

6.1. Inspiring experiences found in Latin America, the Caribbean, and the European Union 60

6.2. Networks: Establishing Global Strengths 70

6.3. Community banks and other examples of collective community economy: strengthening roots 76

7. CONCLUSION. Challenges and benefits of this approach 79

ACKNOWLEDGEMENTS: 84

REFERENCES AND RECOMMENDED LITERATURE 86

ANEXO: EXPERIENCIAS IDENTIFICADAS EN AMÉRICA LATINA Y CARIBE Y LA UNIÓN EUROPEA 90



EXECUTIVE SUMMARY

This guide addresses, in a profound way, the **need** to work with populations in situations of vulnerability and with greater difficulties in accessing care services. It proposes a sustainable solution that transcends the conventional vision: looking beyond the person as a mere recipient of a service, observing the communities as the place where they interact, and taking into account the characteristics of the territory, its vulnerabilities, and resources.

In this context, the **active participation of the community** emerges as a fundamental factor. Inviting the community to participate, both in the design and development of initiatives guarantees not only better acceptance and outreach but also a more significant and sustainable impact in the long term. This approach fosters community empowerment, an essential sustainability and integral development element.

Territorializing involves understanding the community as an environment, considering the dynamics among those who inhabit these spaces, the singularities, complexities, conflicts, power tensions, strengths, resources, and the multiple networks that are always created and precede the intervention. Resilience is born of collaboration, diversity, and active participation. Although the road is challenging, empowered communities demonstrate that, by working together, they can overcome adversity and generate sustainable change.

A **conceptual review** is presented to understand territorialization processes and understand social vulnerabilities linked to drugs in the territory through some keywords, from collective and community construction, vulnerability / resources, access, community / community, non-formal / formal networks, subjective networks / operational networks / nodes, active minorities/team, integration-inclusion-insertion / sustainable development, gender perspectives, delving into concepts of top→bottom or bottom→top policies.

Likewise, several territorialization development **models** are described: 1) The models of integral multidimensional intervention in areas of high vulnerability, with a look at the processes of improvement of the different dimensions of sustainable development in these areas, 2) The Community Treatment Model - ECO² implemented by the American Network of Intervention in Situations of Social Suffering (RAISSS), 3) The models of articulation of integrated local, territorial networks of services to address the various vulnerabilities associated with drug use, which respond to health problems, but above



all social problems, through an articulated network that involves the collaboration of various stakeholders, both from the public and private sectors, such as the Triple I Care Model. In addition, other methodologies of intervention in the communities are contemplated.

To clarify some practical elements that can serve as an anchor for the process, the **territorialization indicators** are presented, those concerning the device, the team, the activities, the community or territory, the process, the characteristics of the populations and communities, and, finally, the indicators concerning the content. These territorialization indicators go beyond the simple quantification of achievements, as they facilitate the understanding of processes and adaptation to local realities, allowing a more precise and contextualized evaluation of progress and challenges.

The guide presents a compendium of 22 **inspiring experiences** identified in Latin America, the Caribbean, and the European Union, reflecting different methodological models aimed at different populations: street population in general, drug users, women, youth and children, persons deprived of liberty, ethnic minorities, migrants, other gender identities; they are shown to serve as practical examples of how to meet the territorialization indicators. In addition, experiences of local, regional, and international networks have been identified, as well as experiences of community collective economy development.

Finally, the importance of incorporating these interventions into the political agenda is highlighted without losing the spontaneity of working in, with, and from the community. This proposal implies the improvement of social indicators, such as health, education, and the general welfare of the population, as well as promoting productive inclusion and developing a community economy. The prevention of social problems, community empowerment, the valuation of existing resources, and the active participation of the community bring invaluable advantages, such as the sustainability of interventions, the promotion of sustainable development, and the strengthening of international alliances. Community epidemiology, with local participatory diagnostics, provides accurate data that enrich the quality and applicability of interventions, ensuring effective strategic planning and an adequate response to local and regional needs.

COPOLAD III celebrates with this guide the lessons learned and explores new challenges, with the certainty that policies that embrace drugs, territories, and social vulnerability are key to building a stronger and healthier future.



1. Guide evaluation methodology

This guide aims to serve as a tool for the collection, organization, integration, and visualization of contents, materials, and practical examples of how to address social vulnerabilities in the territory related to drugs for the use of government actors, civil society actors, community actors and those who represent the voice of the population in vulnerable situations.

The **preparation of this guide** has been the result of joint participatory work, led by a carefully formed work team, selecting experts based on regional criteria and with the requirement of having a broad background in the field of drugs, as well as diverse conceptual knowledge and work experience in the communities and territories. This strategy ensured a diverse representation of knowledge and experience, which has made it possible to cover a wide geographical and technical range.

The **team** was finally formed, after a selection process, by experts belonging to partner organizations of the Ibero-American Network of Non-Governmental Organizations working on Drugs and Addictions ([RIOD](#)) from different countries: Cintia Caballero (Fundación Convivir-Argentina), Raydiris Cruz (Casa Abierta-Dominican Republic), Ana María Echeberría (Encare-Uruguay), Silverio Espinal (Corporación Surgir-Colombia), Gonzalo López (Encare-Uruguay), María Valeria Fratto (Fundación Convivir-Argentina) and Teresa Adames (Casa Abierta-Dominican Republic), led by consultant Begoña Gómez del Campo, whose main role has been strategic coordination and co-creation of resources; and coordinated by Raquel da Silva Barros, expert of the COPOLAD III program on behalf of RAISSS in the area of addressing drug-related social vulnerabilities.

The [RIOD](#) Technical Office has played a general coordination role for all the technical and administrative actions of this technical assistance.

The **methodology** that shaped the conceptual construction of this guide is based on a meticulous study of the existing literature, interviews with key actors, and focus groups of experts. The identification and development of the experiences described in the guide has been an exhaustive process, including the review of digital publications and relevant web pages; in addition, interviews have been conducted with various entities and key



actors, some bilateral meetings have been held with governments, and four regional meetings have been organized with civil society and groups of people who use drugs.¹, which has allowed us to start from the experience and concrete realities of people who use drugs, community actors, and civil society stakeholders.

The preparation of the guide has been a collaborative and dynamic effort that draws on diverse voices, with the participation of government representatives, international organizations, institutional actors, members of civil society, experts and groups in vulnerable situations from the following countries: Argentina, Bahamas, Belize, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Peru, Portugal, Puerto Rico, Saint Vincent, Saint Lucia, Spain, Suriname, Trinidad and Tobago, Uruguay and Venezuela. Their participation has enriched the guide with a variety of essential perspectives and experiences in addressing drug-related vulnerabilities in various regions.

Collaboration has been key in this process, and close coordination has been maintained with the COPOLAD III Task Force on addressing drug-related social vulnerabilities, led by the American Network of Organizations for Intervention in Situations of Social Suffering (RAISSS). This co-construction process has sought to ensure the support of comprehensive knowledge and diverse perspectives. It has articulated the work already done by the Task Force to accompany the countries, which has been implemented since November 2022².

The inputs shared by LAC and EU countries at the COPOLAD III Seminar held on April 24-26, 2023, in Fortaleza (Brazil), "Meeting on Drugs, Vulnerabilities, and Urban Territories," with the participation of representatives from the European Union, Latin America, and the Caribbean, were used. At this meeting, experiences of the territorial approach developed in the different countries present, in the context of public policies on drugs in each of them, were shared. It was a space for exchange and knowledge of territorialization practices in the field, where working methodologies in territorial approach to drug use were presented.

As a result, the content of this guide starts with a contextualization, first presenting the basic concepts and keywords in terms of addressing drug-related social vulnerabilities in the territory, then describing the intervention models identified; we continue by presenting a matrix of indicators and how to use it to move towards territorialization, ending with

1 Regional meetings "Regional collective reflection on good practices, successful experiences and existing intervention models in Latin America and the Caribbean that support policies that address drugs, territories and social vulnerability", South, Central America and Mexico, Andean and Caribbean regions, held respectively on September 7, 12, 14 and 19, 2023, with the experience of 85 participants.

2 COPOLAD III Seminar "Drugs, vulnerabilities, and urban territories," held in April 2023 in Fortaleza, Brazil, where the governments of 23 countries presented their experiences of intervention in the territory: <https://copolad.eu/es/seminario-drogas-vulnerabilidades-y-territorios-urbanos-en-fortaleza-brasil-copolad/>



the development of territorial approach experiences identified in Latin America and the Caribbean and the European Union, in the hope that they will serve as motivating and inspiring examples. Finally, it concludes with a reflection on the challenges and benefits of this approach.

Linked to this guide, a digital tool has been built to allow the intelligent search of contents.

These methodologies not only outline the structure of the guide but also reflect a commitment to inclusion and diversity of experience and knowledge.

We hope that the guide will provide conceptual and practical tools to support awareness, understanding, and feasibility for the implementation of development programs and policies to address vulnerabilities in the territory and/or the improvement of existing ones.

CURSO TRATAMIENTO COMUNITARIO

- U1. https://rise.articulate.com/share/fKH7LVdHeBIT6UpO3Ejw6wbsYketR_9
- U2. <https://rise.articulate.com/share/DTNpZRgwJR2fpUwiim5ZBneydRI2dhlJ>
- U3. <https://rise.articulate.com/share/cxpXmJNLJa1b9e35oNyyziKkHQMvuJej>
- U4. <https://rise.articulate.com/share/0pjpTga9ebx3VeYPOrylRs05mvmpZgxx>
- U5. https://rise.articulate.com/share/eMzbvyoGKZwgsBDtLPr6_ZWdNGKqkE7X
- U6. <https://rise.articulate.com/share/cgg9rWYbjZdxGcpuxPw1DDO3Pm0hZaZo>
- U7. <https://rise.articulate.com/share/ecl7YOIDY1j9fBu-CybhMWIENCJAjNwv>
- U8. <https://rise.articulate.com/share/tk6ZdAvdoMBSQe5KFcHxOsPKINPG3x4L>
- U9. <https://rise.articulate.com/share/w-2Gq0WDdriCuwmHeTLkMWjMlgZc7z6a>
- U10. <https://rise.articulate.com/share/G6Xaut7dWeK7ymabonvq2dGJj8KNobVV>



2. CONTEXTUALIZATION

An approach changed after UNGASS 2016: human rights, development, and gender approach from the territories

Since the United Nations General Assembly Special Session on Drugs (UNGASS) in 2016, a significant opening has been observed in the international drug policy arena. This transformation has led to a shift in focus, recognizing the need to address the social and human rights dimensions associated with drugs rather than solely adopting a punitive approach. This shift in perspective has given rise to a movement towards a more human rights and social protection-oriented agenda. The idea is being promoted that global drug-related policies should be considered as a cross-cutting development issue, aligned with the 2030 Agenda and the Sustainable Development Goals. This approach seeks to ensure inclusive development that leaves no one behind. Thus, betting on strategies related to the promotion of people's freedom of choice, the reduction of situations of vulnerability and related social exclusion, and the reduction of situations and behaviors that increase the risks and harms associated with consumption.³

The implementation of drug interventions over the last decades has generated impacts on many dimensions of sustainable development (human rights and fundamental freedoms, social and economic inclusion and cohesion, gender equality, peace, access to basic services, access to justice, etc.), which could move countries away from the Sustainable Development Goals and their targets for 2030 and from the orientations and conclusions agreed upon at the UNGASS on Drugs in 2016.

The current situation regarding the illicit drug phenomenon in Latin America and the Caribbean is complex and changing and impacts economies, the functioning of democratic governance in the region, as well as the health and well-being of many communities. The latest UNODC World Drug Report (2023) states among its main conclusions that inequalities and social and economic disparities continue to drive and be driven by the drug phenomenon, which threatens public health and human rights, so it is essential to reduce inequalities and disparities in access to treatment and comprehensive services

³ Conceptual, methodological, and operative guide for the strengthening of community mechanisms, a challenge for social inclusion (UNODC Colombia, 2021).



to minimize the adverse social and public health consequences of drug use in the framework of a continuum of care for people who use drugs, especially vulnerable and marginalized populations.⁴

COPOLAD III promotes technical cooperation and political dialogue between LAC and the EU to support the region in the implementation of more effective drug policies with results that substantially improve the lives of people, especially the most vulnerable populations. Consistent with this and aligned with the current EU Drug Strategy 2021 - 2025, COPOLAD III gives centrality to policy improvements related to human rights, gender equity, public health, and other dimensions of sustainable development to improve the design and implementation of policies related to drug demand and supply reduction in Latin American and Caribbean (LAC) countries, ensuring that they are based on evidence, public health, gender, and human rights. It is committed to improving the results and reducing the negative impact on sustainable development in LAC of supply reduction policies based exclusively on drug interdiction, arrest, and prosecution of minor players in the illicit market.

One of the focuses of COPOLAD III is the most vulnerable populations, to develop systems and interventions to support the population in vulnerable situations and with



ABD Energy Control. España.

4 World report on drugs, 2023. UNODC. Key messages: https://www.unodc.org/res/WDR-2023/Special_points_S.pdf



more difficulties in accessing care services. The emphasis, among other aspects, is on the attention to social vulnerabilities linked to problematic drug use in the territory, especially in the case of women, especially in areas that present characteristics of high vulnerability linked to the participation of people in the illicit economy of micro-trafficking or in situations of problematic drug use.

The community approach to the drug issue facilitates responses in, with, and from vulnerable and vulnerable territories that are accessible to the population residing there and that work comprehensively in all dimensions of people's lives.

Thinking that a highly vulnerable community can be a source of organization and strategies for change means acting oppositely to what we commonly do and think that vulnerable communities are vulnerable because they are chaotic, disorganized, and totally lacking in knowledge, skills, competencies, capacities, and resources. The consequence of this traditional thinking is that organization can only come from outside: it is the institutions, the professionals who, with their cultural, technological, and social capital, provide services, organization, and answers "for the community." The community approach focuses on the capacity and processes through which vulnerable communities, using bottom-up pathways, know how to produce organization, services, responses and contribute to the sustainability of top-down policies" (Milanese, Efrem. 2020).⁵

It has been found that the link between drugs and drug use in communities in vulnerable conditions produces isolation, worsening of living conditions, fragmentation of existing personal and social relational networks, and a transformation of participation at the community level, which leads to the creation of new personal and social networks, such as micro-trafficking networks, petty crime at the neighborhood level, young people who leave school prematurely to engage in survival activities, etc. (Milanese, Efrem. 2023). The aim is, therefore, to improve the living conditions of individuals, groups, and communities through processes of social transformation, focusing on the potential of individuals and communities to strengthen the various dimensions of development in these territories.

5 Milanese, Efrem: "Comunidad: organizador transformando, transformar organizando". Introducción del Manual "Tratamiento Comunitario. Experiencia de un paradigma de transformación social", Da Lima, Barros da Silva, & al. Universidad de Brasília, Tecnopolitik. 2020.



Photo provided by CEPESJU - Peru

It is, therefore, about reducing the vulnerabilities associated with problematic drug use not only of individuals but also of the territories. It is a matter of social justice.

The experiences presented in this guide offer examples of actions, which we hope will be inspiring and motivating, that can be carried out to enable the development of territorialization policies with communities and populations in situations of vulnerability linked to drugs, and that will bring about transformations aimed at the dimensions of human rights, development, and gender equity.



3. CONCEPTUALIZATION

3.1. Understanding social vulnerabilities associated with drugs on the territory

As a conceptual starting point, the community is configured as a relevant actor and referent in social interventions and policies. This is linked to an attempt to respond to the profound and varied transformations that have taken place in society in the political and economic spheres, sociability, and subjectivity, among others (Llena & Úcar, 2006; Zambrano, 2007).⁶ The community health paradigm emphasizes the role of the community and the management of "positive health" in contrast to the management of disease. It is in the field of health and preventive orientations that the most genuine and best contributions can be made (Saforcada, Enrique. 2010).⁷

The rights perspective aims to put the subject in the foreground. The concept of the active collaborating subject in the healing process is a remarkable opening towards the concept of community as a subject (Milanese, Efrem. 2016).

Thus, before proceeding further, it is pertinent first of all to clarify what we mean by the title that illustrates this guide. What do we mean by **addressing social vulnerabilities linked to drugs in the territory?** In general, actions and interventions in the area of drugs have been aimed **primarily at people or populations in vulnerable situations.**

In this guide, we will take a step forward, or perhaps it would be better to speak of a step back that will allow us to gain perspective and look beyond the person as a mere recipient of a service, observing the place where people interact: their communities. From there, we will take into account the **characteristics of the territory**, its vulnerabilities, and its resources: identifying more than people as isolated individuals, their opportunities,

6 Llena, A. & Ucar, X. (2006). Acción comunitaria: miradas y diálogos interdisciplinarios e interprofesionales. En X. Úcar & A. Llena (Coords.), *Miradas y diálogos en torno a la acción comunitaria* (pp. 11-55). Barcelona: GRAO.

Zambrano, A. (2007). *Criterios de intervención en estrategias de empoderamiento comunitario: la perspectiva de profesionales y expertos de la intervención comunitaria en Chile y España*. Universidad de Barcelona, España

7 Saforcada, E.: «El concepto de salud comunitaria: una nueva perspectiva de la salud pública», en *Psicología y salud pública. Nuevos aportes desde la perspectiva del factor humano*, Buenos Aires, Argentina: Paidós, (pp. 43-55). 2010.



Photo provided by Sandilands Rehabilitation Centre (Bahamas)

the relationships they maintain, and the areas of high vulnerability where they live, such as contexts of extreme poverty, with difficulty of access to basic services or territories where many migrant populations live, coming from displacement and forced migrations, but also endowed with opportunities. To understand that the use of psychoactive substances is not always the main factor of social suffering, rejecting the idea of vulnerability as something natural or of origin ("the person is not per se vulnerable") and emphasizing the concept of contextual vulnerability ("it is the situation that makes the person vulnerable"). The aim is, therefore, to address vulnerabilities at the territorial level, taking as a reference the existing resources in this territory, which is what will allow changes in the situation.

The concepts of **territory and territoriality** are thus linked, defining the former as the physical space of cultural significance (street, city, building, square, etc.), which makes it possible to give order, meaning, and logic to social relations and the latter refers to the process of creating territory, conceived by means of material and symbolic activities.⁸ Therefore, in this sense, territory goes beyond the extension of land.

But let us go a little deeper into the concept of **territory**. According to Efrem Milanese⁹ It is considered "a system constituted by a set of actors and resources, the seat of activities and relationships and guided by a subsystem constituted by the system of government. The territory is also characterized by a sufficiently defined spatial dimension that determines some of its characteristics and also by a temporal dimension insofar as its fundamental components (actors, resources, activities, relationships) change over time and manifest themselves dynamically" (Caroli, 2006, p. 19-20). So, territory is a system with actors, resources, relationships, governance, space, and time. Particular emphasis is placed here on the concept of territory as a system, which will be one of

8 Territorialización y apropiación. Jesús Palomares Franco. <https://arqjespalfra.wordpress.com/4-territorializacion-y-apropiacion/>

9 Milanese, Efrem. Tratamiento Comunitario. Tercera edición. Sección uno. Pág. 43. 2016.



the ways to arrive at the concept of **community** as a system. If etymological references are considered as starting points, other less visible aspects emerge. Etymology refers "to verbs that indicate agricultural activities: there, to plow, to mow grass; the auditorium is the land worked by bulls. However, the possible derivation of *terreo*, to land" is also interesting.

We must bear in mind that the territories have, in addition to vulnerabilities, a myriad of resources and strengths, which must also be identified, exploited, and linked to action, modifying this social representation that promotes the stigmatization of these territories. The community itself, in the condition of vulnerability, in addition to problems, also has solutions, being able, from itself, to make some kind of improvement process from its potentialities.

The **community**, as a group of people who inhabit it, is alive, dynamic, and even has a political dimension. Therefore, the community is understood as a set of social networks that define, organize, give life and sense to, and animate a territory. Thus, we will observe the community as a network.

We will call these webs of relationship **networks** and use social network theory to understand them.





The network perspective means paying attention to the formal and non-formal relationships that characterize the life of a group or a social entity, the conceptual tools to understand them, and the ability to use them as process indicators and work tools.

And why is it so important to look at these webs of relationships that we call networks? The more romantic vision of the community has been discarded, where there were two poles, one that looks at communities as lacking spaces, without resources, vulnerable, vulnerable or stigmatized, and others with an idealized view, who see their resources and possibilities, thinking that if they organize and empower themselves, this will only lead to transformations. But the community is more complex since much of the suffering it generates is precisely a response to its own self-organization. It is not a question of thinking in moral terms of good or bad, but having a look at a complex system that is self-organized, sometimes being the same community that produces the suffering of many of its members. There are many reasons: survival and protection of the community, e.g., through scapegoats. (Machín, Juan. 2023).

It is essential to understand the community dynamics before changing them.

Community action must be linked to specific particular contexts to have a way of understanding a given context. But building a **community network** goes beyond allocating resources and executing actions; it involves understanding the social fabric. It implies understanding it in the first place, knowing and identifying the social actors and what the internal power dynamics are, what the leaderships are, and how they can be modified so that it is possible to work in terms of that force so that certain things are maintained (systems tend to the inertia of stability), but also so that certain things are transformed (Serrano, Irene. 2023).



3.2. Keywords



Let's conceptualize some of the **keywords** that, according to RAISSS, contribute to a better understanding of the concept of **territorialization**:

● **Vulnerability / Resources**

In addition to identifying the vulnerabilities of the territory, it is essential to also analyze its resources, that is, the assets, capacities, and networks available in a community that can be mobilized to strengthen it and improve its resilience. These resources may include social capital (people-to-people relations and networks), human capital (people's skills and knowledge), local infrastructure, institutions, and access to basic services such as education and health.

● **Access**

Physical and geographical availability of services, as well as their economic affordability and cultural acceptability. Adequate access means that barriers, whether economic, geographical, or cultural, do not prevent people from obtaining services essential to their well-being and development. The universality of services is not equality; it is equity, giving support to those who have greater vulnerabilities. Promoting equitable access to services is critical to achieving fairer and more inclusive societies.

● **Community / Communal**

Understanding the Community not only as a group of people who have common characteristics or interests or share a common origin but as a set of social networks that define, organize, give life and meaning, and encourage a territory. The Communal



would be all that concerns this Community. The work done with and in the Community is an indispensable indicator for talking about territorialization.

● **Networks:** (subjective community networks and community operative networks) Networking.

- ▶ Subjective community networks (RCN): members of the team have friendly relations with the members of these networks.¹⁰
- ▶ Operative networks (ON): RCN nodes that participate along the team implementing actions and processes. The operative network is formed by people with friendly and cooperative relationships who desire to participate, offering all their skills and knowledge to implement actions within the Community Treatment.

There is a third type of network: the nonformal opinion leaders' network (OLN), where the team confers informally with these networks whenever it is needed or simply because their point of view is useful to think, make decisions, and know what is happening. (Milanese, Efrem. 2023).

● **Formal / nonformal**

Formal networks are understood as those that are formally constituted as such and are recognized by their institutionality, as opposed to the nonformal ones that spontaneously arise at the initiative of the population.

● **Nodes**

A term used to indicate all the elements (people, objects, streets, animals, etc.) that can compose a network. Being an actor with a network perspective, regardless of the context in which one acts, implies being a "node" in those networks, an agent linked by informal and also, in this case, formal relationships. (Milanese, Efrem. 2023).

● **Active minorities**

Networks with a high degree of density in relations among their members focused on improving the living conditions of the Community. Active minorities are deviant groups that transgress social norms to generate alternative solutions, according to Moscovici,¹¹

10 Barros Raquel, Canay Roberto, Carroli Mariana, Milanese Efrem, Serrano Irene, Tufro Florencia. Características estructurales de las redes subjetivas en el Tratamiento Comunitario. Acta Psiquiátrica y Psicológica América Latina; Volumen 65 (3): 154-167. 2019.

11 Moscovici, Serge. Psychologie des minorités actives, University Presses of France. 1979.



a minority would be able to hold opinions different from those of the majority and should be able to withstand the pressures toward consensus. Active minorities would be the bearers of an alternative. This leads to a breakdown in the social balance. To influence and modify part of the community dynamic through the change of social representations, the minority must be conscious (Machín, Juan. 2023).

● Team

Following the ideas put forward, the team has to work together with people in the Community, with community promoters, also with people who are living in situations of social suffering (street drug users, victims of sexual exploitation...). Heterogeneous mixed teams, where there is a representation both of the promoters and also of the dissident elements of diversity, of the alterity of that Community. The challenge is how to include those who think differently. And have their voices heard? Recognize the particularity and difference of each person, valuing diversity, and creating a collective construction because each one contributes.

● Integration-inclusion-insertion

Integration focuses on bringing people into existing situations, and people are expected to adapt to the norms and practices established by society; **inclusion** focuses on creating an environment that embraces diversity; and **insertion** refers to the incorporation of persons in specific situations, such as situations of social vulnerability, and involves participation in specific programs to address their particular needs, such as job placement programs, educational or Community.

In some contexts, especially where ethnic minorities or distinct cultural groups are concerned, the notion of inclusion can be complex. Instead of seeking assimilation to the dominant culture, it advocates an **intercultural** approach, creating a space where multiple cultures coexist and enrich each other (Caballero, Miguel Ángel. 2023).

● Territory/Territorialization

While territory refers to the physical space of cultural significance (street, city, building, square, etc.), enabling the organization, meaning, and logic of social relationships; the second is related to the process of creating territory, identifying resources, and existing connections. Metaphor of territory as meeting places.

● Tactical / strategic

The strategy is a plan to achieve an objective, and the tactical actions that are carried



out to achieve that objective; the **tactical objective** is that if, for example, we organize a party, it must be well organized, fun, and participated, and the **strategic objective** would be, for example, for people in the Community to connect with each other, to get to know each other and for the working group to have friendly relations with the highest possible number of participants.¹²

● Services / Process

A process can create, identify, run, stop, and delete a service. Seen from the point of view of the most well-known approaches in the topic under consideration, the work process begins with a phase of diagnosis (assessment), mobilization and capacity building, planning, implementation, and evaluation.¹³

● Policy / Development from Top→Down - bottom → up

There are two ways of looking at a policy of territorialization: top-down and bottom-up.

The metaphor of territory as meeting places. In this territory, there is a tower, a place of the instituted with its floors, stairs, and levels, and open communities with its streets, squares, parks, parking, rooms, shops, all kinds of services created by the same actors of the communities (Milanese, Efrem. 2023). "Lowering" policies to territory means, on the one hand, leaving the tower to be where people live and, on the other, moving inside the tower to gain political, technical, and financial support... moving from one floor to another, from one office to another, from one level to another.



12 Training Course in Community Treatment ECO² (CT) by COPOLAD III, developed by RAISSS. Authors: Raquel Barros, Maysa Mazzon, Efrem Milanese and Irene Serrano. 2023.

13 SAMHSA, Evidence-based prevention programs.



Working from **the bottom-up means** starting from the bottom up, involving people and communities directly affected by a problem. This is in contrast to **top-down policies** that originate from higher levels of authority and are implemented without necessarily taking into account the voices and experiences of local communities. So, if the policy comes from the top down, it is proposed that the active participation of the Community be valued, both in the decision-making and in the implementation itself. This will provide answers that are closer and more relevant to the communities where it intervenes, recognizing the deep knowledge of their challenges, as well as of their resources, which implies a renegotiation of power, the flexibility of the equipment, and the validation of the discourses of the affected ones.¹⁴



Territorialize: a metaphor that illustrates a two-way process. While it is essential to work from the bottom up, allowing communities to participate actively in identifying problems and solutions. However, this collaboration is not limited to local initiatives; it also implies effective coordination with the State and public policies. Communities can play a key role in finding solutions, but the State and public policies must be present and manifest themselves as partners, providing support and resources where necessary. Collaboration between both levels is key to effectively addressing community needs and challenges (Fratto, María Valeria. 2023). It is crucial to build criteria of complementarity and reciprocity between both levels. Thus, speaking of a third way of understanding it: **mixed or circular process** [that articulates down up and up down]:

Up → **Bottom** ↔ **Bottom** → **Up**

Top-down and bottom-up processes are necessary and complementary. One of the most significant tasks of the teams is to promote, strengthen, and ensure this complementarity.

14 RIOD. Enfoque de Base Comunitaria en el Ámbito de las Drogas y las Adicciones. 2023



4. INTERVENTION MODELS IN LATIN AMERICA, THE CARIBBEAN, AND THE EUROPEAN UNION

4.1. Proposals to address social vulnerabilities associated with drugs on the territory

There are various modus operandi for the development of this territorialization proposal, which gives support to the population in a situation of vulnerability and with greater difficulty in accessing care services in areas with high vulnerability characteristics.

In Latin America, especially since the 1960s, **Latin American critical thinking** has been built from different branches of the popular field, with the contributions of Paulo Freire's Popular Education and the Campinas School, the Participatory Action Research of the Colombian sociologist Orlando Fals Borda, the Popular Communication of Mario Kaplún, or the solidarity economy of Coraggio. To this are added the conceptualizations and experiences of Alfredo Moffatt, founder of the School of Social Psychology Argentina, in community work with people with mental conditions and reference to the anti-mental asylum struggle.¹⁵ They all led to the study of social movements in Latin America and the development of literacy plans and programs, community health, and more. From there, they began to encounter the drug issue as an emerging element of what was happening in community dynamics and the situations of the suffering of the people (Echeberría, Ana María. 2023). At the same time, there are similar movements from Europe, although they arise from another perspective.

COPOLAD III addresses, on the one hand, models of integral multidimensional intervention

¹⁵ A social movement that advocates for the deinstitutionalization of people with mental health problems and promotes more human and inclusive approaches, promoting community care. There are several documents that address this antimanicomial movement and its principles, such as "The Experience of Madness: Essay on the inadequacy in Culture" by the Italian psychiatrist Franco Basaglia or "Por uma Sociedade sem Manicômios" by the Brazilian Paulo Amarante.



in areas of high vulnerability with a view to processes of improvement of the different dimensions of sustainable development in those areas. In addition, it is committed to scaling up public policy interventions based on the model of Community Treatment - ECO², specially developed to intervene from the communities themselves in areas of high vulnerability to drug problems. Finally, it promotes integrated local networks of health and social services as an approach to the various vulnerabilities associated with drug use.

Following these three models, **which would be the existing proposals to address the most representative social vulnerability situations in Latin America, the Caribbean, and the European Union?**

1) Integrated multidimensional intervention models in highly vulnerable areas to improve the different dimensions of sustainable development in those areas.

It is, for example, a comprehensive development plan in a neighborhood or an alternative urban development model in which the drug field represents one of the different areas of intervention. They are policies more focused on other elements of development, such as education, health, employment, urban planning, and the environment, being altogether integral interventions.

We work together with the communities, multiple elements of vulnerability simultaneously, trying to convert the neighborhoods in serious situations of vulnerability into areas with access to services, observing their value chains, and generating alliances and processes. It is the Pygmalion effect, which can start from a small program of development and social or labor inclusion, which can then be expanded as alliances grow in a broader program (Sagredo, Javier. 2023).



Photo provided by Encare - Uruguay



Understanding that the problem of consumption is not only the substance itself, nor personal or family factors, but also the vulnerabilities of environments and characteristics at the macro level, as reflected in the Macro Etiological Factors in the Substance Abuse (UNODC) ¹⁶ and, given that consumption is largely determined by social and cultural factors that result in the generation of socioeconomic and health inequities¹⁷. This is a sound approach. Drug-related vulnerabilities are reduced through the promotion of integral development pathways in a community. The challenge of this intervention model lies in the need for close inter-institutional coordination and high budgetary and investment availability.

A local administration sometimes leads the whole process. Sometimes, the process is led by an NGO or the Community itself.

As an example of this approach dimension, we have the experience of the **community-driven human settlement planning and management model** implemented by the **UN-Habitat team**¹⁸ in ten territories in the State of Pernambuco (Brazil) located in the Northeast Region of Brazil, between November 2021 and June 2022, within the framework of the Project "Cooperation in Pernambuco: Prevention, Citizenship and Security," led by the Government of the State of Pernambuco, in partnership with UN-Habitat, UNDP and UNODC, to address urban challenges in the country, considering the specificity of each region; promoting more inclusive, safe, resilient, green and sustainable public spaces; training people to think, communicate and solve urban problems, building urban resilience and other issues encompassing the New Urban Agenda and the 2030 Agenda.¹⁹

We have other examples, such as the "[National Development Strategy for Uruguay 2050](#)", based on a multi-stakeholder that involves the majority of ministries and government agencies, many civil society organizations, international bodies, representatives of workers, and business chambers.

16 It indicates influences at the macro level: income and resources (poverty, homelessness, child labor, lack of access to health care), social environment (social exclusion, inequality, discrimination, among others), and physical environment (decaying abandoned buildings, precarious housing, neighborhood disorders, among others). (Available in Spanish): https://www.unodc.org/documents/prevention/0201_Etiologia_del_abuso_de_drogas.pdf

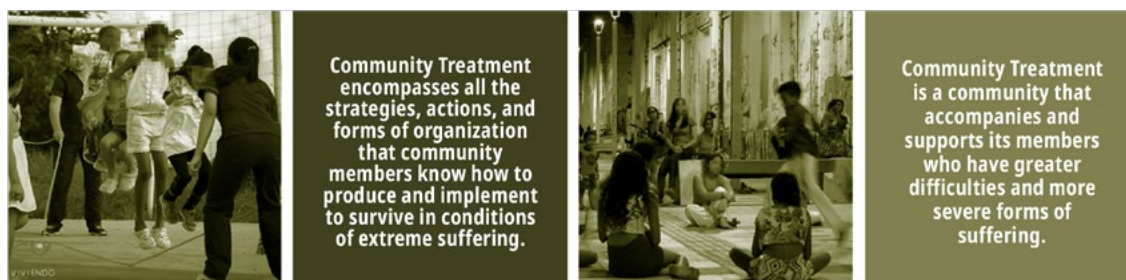
17 RIOD, TRIPLE I atención integral, integradora e integrada. Los determinantes sociales y su influencia en las adicciones. 2021. <https://riod.org/wp-content/uploads/2021/04/Guia-TRIPLE-I.pdf>

18 https://unhabitat.org/sites/default/files/2022/11/spanish_1.pdf

19 <https://onuhabitat.org.mx/index.php/onu-habitat-lanza-el-informe-anual-2022-con-experiencia-interactiva-con-territorios-brasilenos>



- 2) **The Community Treatment Model - ECO²** implemented by the American Social Suffering Intervention Network ([RAISSS](#)) is specially developed to intervene from and with the communities themselves in areas of high vulnerability with drug problems; understanding the Community Treatment (CT) as Methodology of intervention in situations of social suffering in contexts with high vulnerability, which seeks to reach where institutional proposals do not usually do.



Images provided by the American Social Suffering Intervention Network (RAISSS)

The Community Treatment (CT) is a proposal that has been produced within the framework of the construction and development of ECO², which is a metamodel, that is, a model to build models. The field of work of the CT-ECO² are situations or contexts of social suffering,²⁰ whether related to drugs or other forms of vulnerability. The word ECO² contains the Epistemology of Complexity (ECO), Ethics, and Community (ECO), and therefore ECO². The word ECO refers to the Greek root meaning "House" and is in the etymology of Ecumenism and Ecology, referring to the processes of integration-insertion-social inclusion that are the strategic objectives of the CT. The epistemology of complexity is visible in the CT, which links the contributions of diverse sciences (anthropology, ethnography, history, sociology, economics, psychology, psychoanalysis, network theory, etc.) and diverse voices, particularly those of community actors, essential elements to understand human reality (people, groups, social networks, communities and phenomena such as problematic drug consumption, street situations, micro-trafficking, etc.²¹

It is a model that arises from and with the Community. Its working mechanism is constituted by a **system of networks of informal relations in the Community**, such as natural leaders of the territory. These are articulated with community service networks and formal actors (private sector or institutional). In this way, the complementarity between bottom-up processes and top-down processes

20 Social suffering is a new way of addressing social vulnerabilities, highlighting the relationship's fragility and deterioration as a key element for social change (Espíndola et al., 2020).

21 Machín, Juan. Modelo ECO²: Redes Sociales, complejidad y sufrimiento social (ECO² Model: Social Networks, Complexity, and Social Suffering). Revista Hispana para el análisis de redes sociales, Vol. 18, #12, 305-325. Doi. 2010.



becomes real, starting from some paradigmatic bases such as that: the Community is constituted by a system of informal and formal networks that animate and transform it constantly; the Community and its actors are an open system of resources that need to be recognized and validated; the Community is not a place of intervention, is an actor of intervention that interacts with other actors in a system of interdependencies; populations and people are not beneficiaries of strategies, they are allies, they are *parceros*²², "partners"; there is no development without the



Images provided by the American Social Suffering Intervention Network (RAISSS)

role of the Community and its actors. In the CT, the adherence is transformed into an alliance, and the protocols into processes and relations (Milanese, Efrem. 2023).

CT works in diverse contexts: in the flow of daily life of communities, whether they are open communities, neighborhoods, virtual communities, schools, universities, prisons, etc. Its actions are articulated in six axes: 1) Prevention understood as the organization of the community and its networks; 2) Basic assistance also understood as harm reduction; 3) Rehabilitation understood as formal and non-formal education (popular education); 4) Health care, whether medical or psychological; 5) The development of economic autonomy understood as work activity and dignified and sustainable occupation; 6) Entertainment, pleasure, and rest.

The main actors in these axes are community actors and their networks. Activities and processes are accompanied by action training processes and by a system of information gathering and data collection that allows for process, results, and impact evaluation. (Milanese, Efrem. 2023).

The CT proposes that the work be developed with the Community where the person is, not removing them from the environment in which they are developed, promoting actions that improve their environment, and modifying the networks of relations with other members of the Community. It also works to improve living conditions in the local Community where users are housed.

22 "Parcero" is a Spanish term that is used in different cultures and locations in the Spanish-speaking world. The term has been adopted during the initial phases of the community treatment construction process. It could be translated as "partner" and includes the concept of "person you are closely related to who helps".

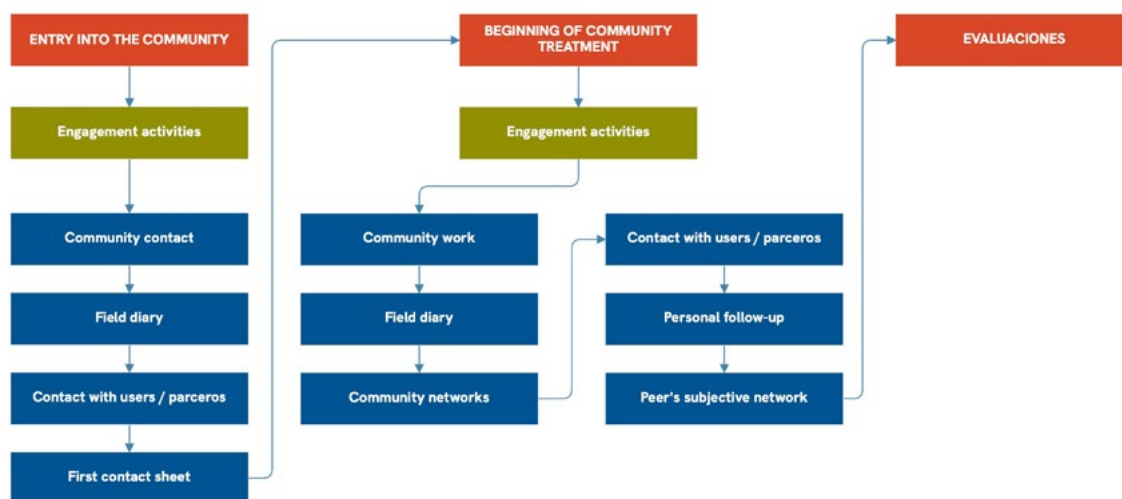


The CT works with and through the Community as an alternative or complement to institutional treatments to achieve a comprehensive approach according to the complexity of the problem of drug consumption in contexts of social exclusion. The Community is understood as a set of social networks that define and animate a territory. In this way, the subject of intervention is not individual people but the Community and its networks. In this way, the Community Treatment aims to facilitate processes in the Community so that the responsibility to operate with the inhabitants and people of the territory is also assumed, in alliance with the established public power, without only delegating or expecting it.²³

This model is being successfully developed in different countries of Latin America and the Caribbean and is being applied in various scenarios: Listening Centers, School Orientation Zones, University Orientation Zones, Job Orientation Zones, and patio fixtures in correctional facilities.²⁴

The Community Treatment - ECO² is supported by the [American Social Suffering Intervention Network \(RAISSS\)](#), a transnational network of networks including civil society organizations from 15 Latin-American countries who share the same multidisciplinary ECO² metamodel.

Community Treatment - ECO² implementation process:



23 Da Lima, Barros da Silva, & al., Tratamiento Comunitario. Experiencia de un paradigma de transformación social. Capítulo Procesos de Transformación a través del Tratamiento Comunitario: conectar e incluir personas y redes sociales. Universidad de Brasilia, Tecnopolitik. Brasil. 2020.

24 Conceptual, methodological, and operational guide for strengthening community devices, a challenge for social inclusion (UNODC Colombia). 2021.



To understand this proposal, it is important to know the stages of **Community Treatment - ECO²**:

• **Linking Activity - Contact with the Community**

Initially, the teams enter the Community together with local leaders through linking activities (workshops, street work, distribution of inputs, food distribution, artistic activities) in order to know and understand the local context, their resources and vulnerabilities, support demands, and local realities, potential actors who may be part of informal support networks. These initial actions last an average of 2 to 4 encounters. It is important to note that the community bonding process provides care not only to vulnerable people but also to the entire Community, understanding them as resources for treatment.

• **Field diary**

With each linking action, the team, together with local community leaders or peers, create field diaries where they systematize the actions developed and order them according to the logic of Community Treatment, highlighting the people who were present, the relationships of these people, the main vulnerabilities found, the main resources found, whether context or individuals. During this process, teams identify people in the Community who can be part of their operational network (those who support the treatment process and become the team's eyes and arms).

• **Contact with vulnerable people / First contact sheet**

After these first approaches, the teams (the operational network) establish the first contact with people in situations of vulnerability who have the potential to develop a treatment and fill in their first contact card at team meetings.

• **Start of Treatment - Working with the Community - Community Networks**

The work of linking is repeated with people and groups in situations of social suffering through recreational, cultural, listening, and discussion groups promoted two or three times a week, and in the process, different networks are organized and visible in order to create a system of voluntary and nonformal care that supports the work of the team. Each intervention follows the collective construction of the field diary and the visibility of existing networks considering the characteristics of people and their social role in that Community. As community treatment assesses



risks through 8 indicators or components (basic care, education, substance use, safety, health, occupation, housing, and social relations), the social roles found in people in the Community, as well as vulnerable people, are categorized according to the axes so that you can understand the reality of the Community and its ability to promote treatment in a comprehensive way. To be effective, there must be action networks and people in the Community who can promote support for people in the 8 evaluation indicators in a complementary way (so the network of community actors must be people who can support actions in the field of education, or health, etc.)

• **Monitoring of allies / partners**

Once the action network has been structured with the Community (together with the team, follow-up of the peer partners or *parceros* (users and people in vulnerable situations who ask for support to reduce their vulnerabilities and risks) begins, and the SER instrument is applied (Results Assessment System) which is a quantitative tool that measures vulnerability conditions. This information supports subsequent monitoring, as it shows the risk profile and potential of each person.

During the treatment process, the community networks, together with the team, carry out different community bonding actions to keep the networks built and also build subjective networks with each of the people monitored. Monitoring consists of developing weekly and monthly targets for the support and articulation of vulnerable people with actors from local community networks, as well as networks and service institutions.

The objective of the treatment is that once the subjective networks are expanded and diversified, the people monitored are more protected and strengthened to reduce their vulnerabilities. The construction of subjective networks depends on the areas of greatest risk for each person.

The network uses the [Teia Social System](#),²⁵ which is an online system for longitudinal monitoring of evidence production processes. The system monitors the actors of the Community Treatment processes, as well as the interventions made with the instruments of the ECO² methodology. Through it, it is possible to generate data for network analysis and other reports to measure the impact of treatment on risk reduction for people who use drugs and in a situation of vulnerability from the perspective of the territory.

25 Guía del Sistema TEIA Social. Mazzón. M. Barros, R. - Social web system manual. Version 1.0.2023.



Several examples of the implementation of this model are the experience of the "[Dispositivo de reducción de riesgos y daños del barrio Sucre de Cali](#)" (Harm and risk reduction mechanism in Sucre neighborhood, Cali), of **Corporación Viviendo** (Colombia), the proximity mechanisms of Programa Aleros (Uruguay), the [Centro de Escucha \(Listening Centre\) "El Jardín"](#) of CEPESJU (Centro de Estudios de Problemas Económicos y Sociales de la Juventud, Youth Economical and Social Issues Research Centre) in Peru, the experience in Brazil of [Conexao Musas](#) of Instituto Empodera and the Centro de Reinserción Social y Laboral "[Nueva Vida, Nuevas Oportunidades](#)" (New Life, New Opportunities) in Honduras. There are many others in the region, not included in this publication but equally relevant, such as the [Listening Center of the Procrear Foundation in Bogota](#) (Colombia), which carries out preventive, treatment, and social inclusion interventions based on the needs of the local population and, in recent times, have mainly targeted the migrant population, LGTBIQ+ persons and women victims of gender violence, the [Listening Center of Corporación ConSentidos](#) in Bucaramanga, or the **University Orientation Zones (ZOU)**, such as the one at the [Universidad Mariana \(Colombia\)](#) or the community prevention programs with children, children of former participants of the community treatment space, of [Corporación Caminos](#) in Cali (Colombia), among others.

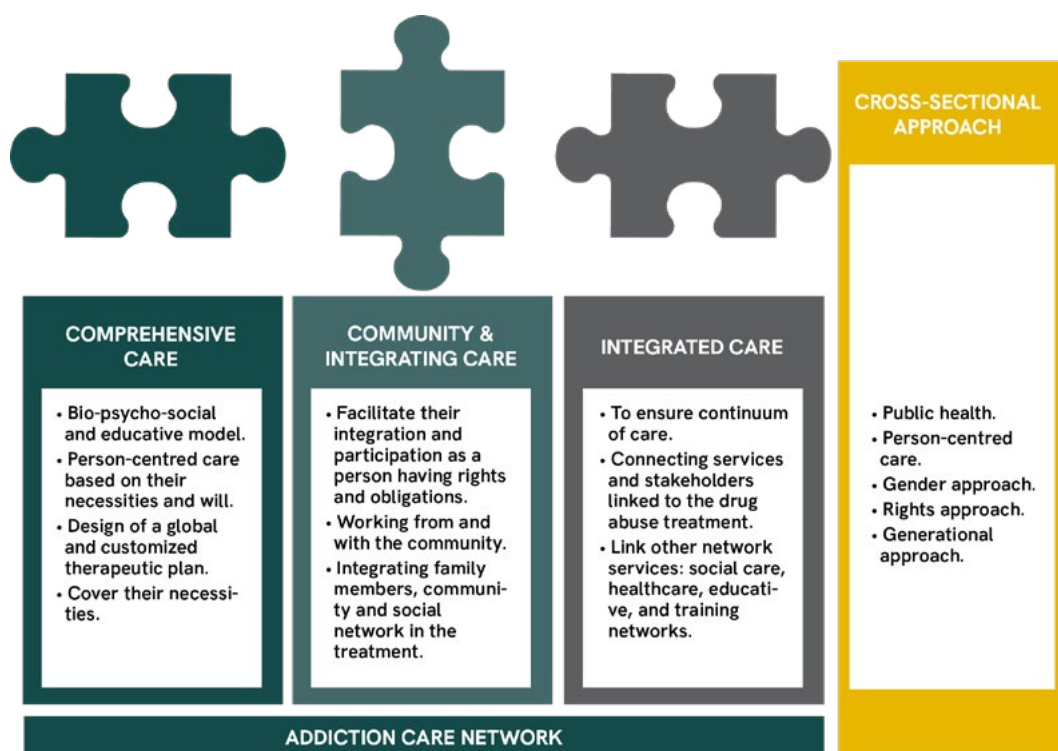
- 3) **Models of articulation of integrated local, territorial networks of services** to address the various vulnerabilities associated with drug use, which address health and also social problems through an articulated network that involves the collaboration of various stakeholders, both from the public and private sectors, such as government agencies and local institutions, non-governmental organizations, community-based organizations, educational institutions, the private sector, local government, and the media. As in the other models, the drug issue is only one part, but not the only one. Other issues are addressed, such as gender violence, poverty, children, etc., creating an integrated information, referral, and counter-referral system.

We have here as an inspiring example the **Triple I Care Model**²⁶, proposed by the Ibero-American Network of NGOs working on Drugs and Addictions (RIOD), based on **comprehensive**, integrative / community, and integrated care for drug use and addictions. To carry this out, it is essential to have **a specific and specialized addiction care network**, composed of both public and private entities, in coordination and complementarity with social and institutional actors. The aim is to increase the comprehensiveness of care, covering all spheres of the person, reinforcing the need for treatment that promotes social participation

26 RIOD, TRIPLE I atención integral, integradora e integrada. 2021. <https://riod.org/wp-content/uploads/2021/04/Guia-TRIPLE-I.pdf>



and empowerment of people as a way of guaranteeing their social inclusion, and for the entire network of services to be integrated in a coherent and integrated manner. All this is to guarantee the rights of people who use drugs and improve the articulation between the administrations and civil society. The model is not born with a definitive vocation; it aspires to be reviewed, debated, and adjusted according to the needs and contexts in which care must be provided.



Source: Síntesis del Modelo Triple I, RIOD, 2021

- **Comprehensive**, person-centered care that addresses the principles of service delivery and correctly develops the initial diagnostic tools and individual therapeutic plan that make up the treatment process. Integrated care is a holistic and comprehensive approach that focuses on addressing all the needs of a person, considering all aspects of his or her physical, mental, and emotional life. The integral dimension implies a look at the complexity of the person, where the interconnection between different areas of a person's life is valued: physical health, mental health, and social, economic, and emotional environment. It is considered important to understand how these aspects interact with each other to fully understand the individual's needs, as well as how they relate to drug use or addiction. This involves collaboration between health professionals from different specialties, as well as the active participation of the person in his or her care, encouraging informed decision-making and self-care. The aim is to provide comprehensive and coordinated care that is not limited only to treating a specific disorder or symptom but also takes into account the overall well-being of the individual.



- ▶ Secondly, care must be **integrative and community-based**, working **from and with the Community** so that people with consumption or addiction problems are active members of the Community, participating in all their rights and duties. To this end, it is not enough to work individually with the person who presents a problematic consumption or behavioral addiction; the family and social or community environment must be included in the various spheres of treatment. It will be necessary to pay special attention to groups in vulnerable situations with greater difficulties of access, and for this, it is necessary to review, update, and reorient intervention plans and individualized itineraries to ensure the adequacy of programs, services, and actions to the characteristics and differentiated and specific needs of the people with whom we work.
- ▶ Thirdly, **integrated** care in the form of a specialized addiction care network is not subordinated to other purely health, social services, or mental health care networks, but connected, coordinated, and complementary. From a public and community health perspective, health is not merely a question of the absence of diseases and medical services; the living conditions and social circumstances of individuals must also be taken into account when designing an individualized treatment itinerary. Health and drug use are primarily influenced by social and cultural factors that can generate socioeconomic and health inequalities, which, in turn, largely determine problematic drug use. This model thus proposes the need for social and Community participation, as well as the need to articulate services and resources in such a way as to guarantee coordinated, complementary, effective, and efficient intervention. This is a complex dimension since it implies a necessary articulation of services from different networks to ensure continuity of care for people with addictions, be it primary care or more specialized services, social services, health services, and, of course, an addiction care network. This process does not rely on one unique stakeholder but the coordinated action of public institutions and civil society, forming a network that integrates all services to guarantee access to care and services to assist drug consumers.

If comprehensive care is to be provided, there must be services that also tend to be comprehensive and are integrated into a broader system, either through the services provided by an entity or by weaving networks with other public, social, and private actors and with other social needs care networks, under the model of shared governance, cooperation, co-responsibility, participation, and complementarity. Optimizing resources and ensuring a continuum of care (Pérez, Felisa. 2023).

The implementation proposal would start with the identification of specialized drug and addiction care services, as well as the existing coordination between them, followed by the identification of existing community resources and agents in order to create a specialized network that is collaborative, complementary, and facilitates the continuum of care. This network should be adapted and flexible to



the needs of all people requiring care, so it would be ideal to expand it according to the needs that are identified, such as social services, housing, justice, health, work, education, culture, or sports. Its correct application requires public commitment and co-responsibility, with shared outsourced management being the best way to guarantee the sustainability of this model.

It is a model that has more examples of its application in Europe.. We can highlight the experience of the [Catalan Drug Addiction Federation](#), which has been creating a co-responsibility network between government and civil society for 40 years. This network is composed of 26 entities that coordinate with each other, operating as an inter-sectorial service system, which allows a comprehensive work approach. It coordinates local territorial networks within healthcare and social services (hospitals, residential centers, day centers, community services, outpatient facilities, harm reduction centers, occupational workshops, justice institutions..). However, this is being developed in Latin America, as we can see in countries like **Chile**, where the National Service for Prevention and Rehabilitation for Alcohol and Drug Consumption ([SENDA](#)) collaborates with the Civil Society Councils (COSOC, *Consejos de la Sociedad Civil*) to promote the civil society's participation in public management. Moreover, we can highlight the [NuPop](#) experience in Brazil (Nucleus for Populations in Vulnerable Situations and Mental Health in Primary Care), a collaboration network for people in vulnerable situations offering mental health care in primary care, where government institutions and civil society/community organizations take action assisting unsheltered and vulnerable people.

The basis of this idea might seem too ambitious. However, it can start with some minimum elements or services, such as a coordinating center, with services that already exist, and gradually promote and push for the creation of new services to meet emerging needs. Little by little, the network and the system of support and attention to social vulnerabilities linked to drugs in the territory can be expanded.

In a nutshell:

In the three proposals presented: a model of integral multidimensional intervention in areas of high vulnerability, a model of Community Treatment - ECO² and a model of articulation of integrated local, territorial networks of services, we have found common elements, we also observed some individual characteristics that make each of them specific inspiring proposals.



Common aspects

The three models share **some points** in common that support actions, processes, and approaches to territorialization:

- These approaches set their sights on **highly vulnerable territories**, seeking to address social vulnerabilities linked to drugs in territories, reducing the suffering of people and communities, with a focus on the defense of human rights, without focusing exclusively on drugs.
- All operate **in a defined and concrete territory**, some based on institutions and others based on people.
- **All are linked in one way or another with what already exists in the communities**, observing and respecting their value chains.
- They all agree **on the importance of working with the Community and Networking**, whether they are formal networks (private, public, or third sector), nonformal, or both.
- In addition, there is some type of **community protagonism**, in some in a participatory and leading manner, such as the CT - ECO² Model, and in others, such as the integral multidimensional intervention models in highly vulnerable areas, a degree of participation is observed, albeit more timidly, but in terms of impact it produces a change in the way of seeing and acting of the population to which each program is applied.
- They include a **developmental approach**. Some of the models are more strategic than others, but all three present a comprehensive development approach, which implies a non-exclusive view of drugs or health.
- They are a **transformative approach** in which actions are aimed at achieving structural transformations linked to the improvement of equity along the lines of rights and development. They also act to improve living conditions in the local Community where the users are housed. They carry out processes of social transformation in and with the Community with indicators of social vulnerabilities. In this way, the subject of the intervention is not the individual, but the Community and its networks.



Unique aspects

Each one has its **specific inspirational strengths**, which give richness innovatively and creatively to these territorialization processes:

- Thus, **the multidimensional/integral intervention** model in areas of high vulnerability focuses on processes to improve different dimensions of sustainable development in these areas. It is an integral intervention model that requires a multi-stakeholder exercise involving government, Community, and civil society organizations, as well as a long-term investment.
- **The CT-ECO² Model**, more developed in Latin America, is applied in very deteriorated territories, reaching where the formal institutional model does not reach. It focuses on a particular community with particular dynamics around which community mechanisms are built, relying on nonformal networks. It is the Community itself that has the leading role in solving its own needs since it is the one that best knows its resources. It is born from a very pragmatic view of the communities to articulate their resources, whereas Networking also considers the informal relationships of the territory. It is based on a bottom-up approach, complemented by a top-down perspective. It works with a methodology that facilitates shared work. Its great strength is the opportunity offered by Networking, which at the same time implies its fragility due to the challenges in management and in the adherence and continuous participation of community actors in the systematization given during the community intervention process. It is presented as a very practical and achievable model.
- **The Model of integrated service networks**, which has more examples of its application in Europe, articulates resources between the public and civil society and relies mainly on what formally exists. **The Triple I Care Model** involves working in a specialized drug network between existing governmental and non-governmental entities, giving more strength to the institution. It focuses on an organized network of services in a wider territory and an effective network coordination system. It is based on a bottom-up and top-down approach, where communities and public administrations work in an organized manner. It is presented as a theoretical model to be developed, which allows articulating actions that already exist and the drive to create others that may be necessary.



4.2. Other methodologies and practices to intervene within the community

More **significant examples of community approaches** have been adopted apart from these three models. These are territorial development experiences that are not specifically ascribed to one of these models but rather concretize their work with contributions from the different models in a constant exercise of self-analysis of the intervention in the search for those theoretical bases that best fit the territorial reality and the institutional goals. These are **community-based practices**, approached from the communities through service networks articulated with programs that are widely linked to the idea of community and territory, to the idea of a comprehensive view of vulnerabilities that is, in turn, integrative, that enhances the agency capacity of people and their environments, actively encouraging their participation. Most of them are bottom-up models, which are born and adapted according to the idiosyncrasies of their reality. Several of them can be consulted in the publication prepared by the partner organizations of the Ibero-American Network of NGOs working on Drugs (RIOD) "[Community-Based Approach in the Field of Drugs and Addictions](#)" 2023²⁷, which reflects on the community-based approach based on their long experience in addressing drugs, presenting sixteen illustrative experiences for the development of community practices.

Also noteworthy are some of the experiences of community preventive approaches (referring to what has traditionally been understood as universal prevention), where the focus goes beyond the health perspective of protective factors and risk factors. They lead to a cultural grounding and a focus on opportunities, existing resources in the community, and processes that can be implemented. They require a grounding in the context in which they are going to work. They are models that mostly start from the top down. These are also inspiring examples that can serve as seeds for further progress towards territorialization processes.

We can find an interesting example of a preventive approach in Colombia: [the Comprehensive Psicoactive Consumption Prevention among black, afro-american, raizales and palenqueras \(NARP\)](#)" "Coordenadas para una vida sabrosa" (instructions for a pleasant life), elaborated by UNODC in collaboration with the High Commissioner Office for Peace where young leaders of the black, afro-colombian, raizal and palenquera communities of the community councils of Buenos Aires and El Tambo (Cauca) municipalities, participated in the ethnic-educative strategy with a special approach to preserve the culture balance among afro-Colombian people, where well-being, care and people/territory protection guarantee peace and peaceful coexistence.

27 Enfoque de Base Comunitaria en el Ámbito de las Drogas y las Adicciones. RIOD, 2023



Also, the Community Coalitions, with its own model clearly defined by the Community Anti-Drug Coalitions of America ([CADCA](#)), in which people from key sectors such as schools, law enforcement, youth, parents, health, media, tribal communities, and others participate in the development of preventive strategies through the strengthening of local collaboration. The Communities That Care ([CQC](#)) preventive system, which is an adaptation of Communities That Care (CTC), developed in the USA, Europe, and Australia and exists in some countries in the Latin American region, such as Colombia.

We can find some inspiring examples on the website of the European Monitoring Centre of Drugs and Drug Addiction ([EMCDDA](#)), such as the Communities That Care Model or the Icelandic Planet Youth model, among others.

Finally, there are other examples, which are models of treatment or intervention in communities that are not community-based. To highlight the limits, the EMCDDA and its partners use the term community-located interventions (i.e., referring only to location) rather than community-based interventions (which would involve active community participation).²⁸

We will briefly discuss some of them:

- a. **Work/community intervention programs:** they aim to develop prevention/assistance activities, design and implement drug consumption reduction programs with a public health approach, guarantee children, adolescents, and youth rights, and promote community development. Strategies are diverse regarding each program. They are not ascribed to a common conceptual postulate. They are usually aimed at leaders of community organizations, the community in general, children, and adolescents, and are developed in neighborhood contexts during times that vary according to each program. The objectives are as diverse as the programs themselves, but they have in common the community mobilization for their achievement and the idea that the community can become a space of care for the complex situations of its inhabitants to the extent that they are more cohesive.²⁹ In any case, they lead us to reflect on the limits of the community since it has sometimes been understood as the opposite of intramural: everything that is done outside the building.
- b. **Assistance programs to address social vulnerability:** they are aimed at different populations, serving, depending on the case and the approach of each program, children, adolescents, street population, and families. Some of these populations may present psychoactive substance use, although this is not necessarily the focus. The work context is the neighborhoods, and most of them are usually permanent services.

28 EMCDDA, Online Glossary, 2015.

29 RIOD, Enfoque de Base Comunitaria en el Ámbito de las Drogas y las Adicciones, 2023.



Their work is diverse and is aimed at populations with deficiencies in the satisfaction of their basic needs and, therefore, of high social vulnerability. Their objectives revolve around four groups: the first is related to covering basic needs such as canteens or shelters; the second to psychosocial aspects such as affective issues, games, recreation, psychosocial skills, and risk factors; the third to improving the quality of life through the vindication of rights and access to housing; and the fourth to processes aimed at overcoming or mitigating the situation of people who live on the street or are consumers. The methodologies are equally diverse according to the specificity of each program.³⁰ Unlike the previous ones, these would be oriented to the delivery of services, with the community being the mere recipient of services. These are programs that cannot be said to be community-based but are based in a territory where they provide their assistance services, which almost always cover needs that other actors do not offer (Espinal Silverio. 2019).

These are valid and necessary services, but territorialization goes beyond these models. It is possible to work IN the community, but this does not necessarily mean working WITH the community. In the beginning, the community was thought of more as a place where there were problems or where services could be organized to reach drug users with whom it had been impossible to establish contact or with whom contact had been interrupted. From this approach, progress has been made in understanding the community as a resource, working and strengthening what already exists, observing the vulnerabilities, but also the existing opportunities, identifying and connecting with those actors and resources that exist in the territory, with the capacity to articulate themselves to generate processes of change. This leads to the creation of an ecosystem within the community itself, where several actors are involved: the social organization teams, the government teams, the community, and the vulnerable population itself. It is, therefore, not just about going to a territory but about working the territorial ecosystem ecosystem, identifying and relying on what already exists and what the community itself has, and promoting proposals that emerge from the territory. Thus, acting in the community does not always mean territorializing.

Territorializing implies understanding the community and the dynamics of people living in that space, their singularities, complex aspects, conflicts, strengths, power tensions, resources, and the many networks that existed before the intervention. It is impossible to bring a foreign practice to a territory without dialoguing with the community: this will only lead to an unsuccessful, unseasonable, and rootless output. Joining forces with the community to design and develop the initiative will guarantee better acceptance and range, as well as being more affordable. Furthermore, this approach contributes to community empowerment, a key element for sustainability.

30 RIOD, Comisión de Evidencia Comunitaria. Lineamientos para la generación de Evidencia Comunitaria en programas de instituciones adscritas a la RIOD. 2019.



It may be the case of a **care service that reaches the territory** in which an entity outside the community, with its own resources, introduces a mechanism in which its own clinical team, outside the community, is involved. This in itself is positive since it brings the service or mechanism closer to the communities, facilitating access to people who otherwise might not be able to access it, but if the service arrives in the territory without any kind of link to the community or the environment, but "falls like a parachute," this can limit the viability, effectiveness, and sustainability of the service. Territorialization implies more than simply bringing a service to a specific geographic area.

Territorialization begins with a **prior diagnosis**, if possible participatory, where the vulnerabilities and strengths of the community are identified, as well as the dynamics and ways of relating to the community. One of the important work components in the community is the identification of existing and non-existing networks, observing the relationships that already exist within the community and establishing links with them, forming a mixed team with people from the community itself, including peer educators, people who use substances, generating the installed capacity in the territory and empowerment. A negotiation is established, identifying how it is negotiated, with whom, what alliances are established, from the micro and macro processes, and the use of power within each community (Fratto, María Valeria, 2023). Work is done **IN** and **WITH** the community from the beginning of the process.

Let's see some examples of **harm reduction** strategies: it is possible to choose to open drug-consumption rooms (DCRs) or safe injection rooms in a particular community of high vulnerability related to drugs, thus facilitating access to the service, which is excellent; you can also choose to conduct a diagnosis where the community itself participates, identifying the needs of that territory, but also identifying its resources, what already exists in the community, such as a grocery store, or laundry service or school and link them to the proposal, thus optimizing resources; ensuring the incorporation of the people of the community, including the beneficiary population, in the design of strategies and decision making, among other actions.

In this sense, there are different examples in countries that use similar models of **territorialized harm reduction strategies**.

[The NGO COIN of the Dominican Republic](#) explains that it is very important to generate links and connections with the people receiving the service through outreach interventions, but **ALSO** about linking with the territory itself. We work in permanent coordination with all community actors, with formal and informal networks to facilitate access to available services, including people who use substances, who have organized themselves, and who are responsible for cutting hair and providing clothing to people living on the streets.



The harm reduction initiative [PrevenCasa in Mexico](#) includes the engagement of drug consumers within the community approach (including drug consumers, former consumers, HIV positive, LGBTQI+ community, neighbors, nutrition professionals, drugs and human rights policies, medicine, and nursery) collaborating in detection, differentiation, counseling, healthcare, and naloxone access actions.

The [Hogar Esperanza tent in Costa Rica](#) or the [Take it to Dem](#) proposal of the Jamaican government, or that of the [Corporación Viviendo in Colombia](#) (all of which are included in the Annex to this guide), in which the health approach is used, but NOT ONLY, presenting themselves as comprehensive community services with biomedical, social and peer approaches, focusing on building community and links to include those who use drugs and destigmatize territories.

The experience of "[StrongHER, SafeHER, TogetHER](#)", of ASMA (Security Training Academy) works with Venezuelan migrant women in Trinidad and Tobago through training in self-defense, where it is not merely a matter of attending to women victims of violence in a center or clinic, but rather of approaching their communities, observing their own existing resources, as well as the needs and challenges in their social integration, which is what makes them even more vulnerable, and from there, with the women of the community themselves, the intervention is structured. It is an excellent example of how to go beyond the logic of working from an institution to work from and with the community.



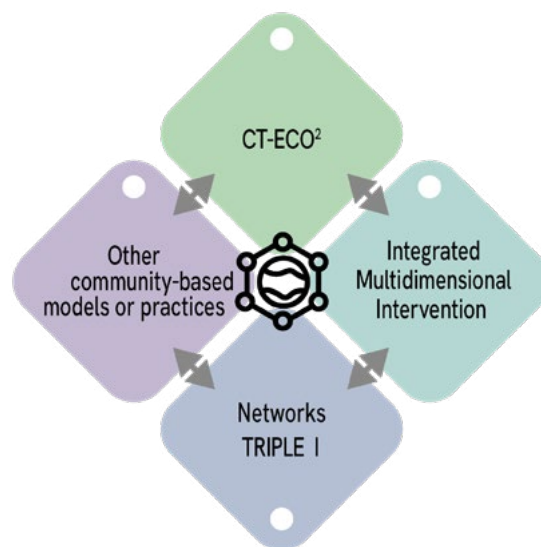
Photo provided by Corporación Viviendo. Colombia.



4.3. Alive processes: model evolution and coexistence

If there is territorialization, there is movement. The limits between one model and the other are neither closed nor defined, nor are they intended to be. In any case, these models are not mutually exclusive but complement each other, so the interesting thing is that they can coexist.

They are live movements that advance and widen their scope: they do not have an established methodology nor a rigid concept framework. They tend to adapt themselves to the needs of each country, culture, and territory and, therefore, develop themselves together with the territory. It is about co-creating and accompanying the community.



Thus, it would be advisable for community-based models to advance and develop, trying to link up with the institutional level, since the institutional will is necessary to provide them with resources and economic injection for their sustainability and greater scope, strengthening the comprehensive service networks, which operate in one way or another in all countries. It is essential that all parties, both the community and the institutions, take ownership and that countries increase public investment in high vulnerability, which means that national, regional, and local governments and public administrations, in general, must allocate financial resources and support to communities and populations in vulnerable situations linked to drugs.

On the other hand, it is advisable for top-down models to integrate the community in the design and development of their policies. Policy should not remain at the top, written from "the building," but should go to the territory.

An example of this evolution is provided by the **Government of Uruguay** with the "Tratamiento de base comunitaria, dispositivo de atención [Aleros](#)", which proposes the implementation of Community Treatment mechanism through networking and the articulation of inter-institutional spaces and proposes a mixed approach (top-down/ bottom-up), given that, although the practice was initiated by civil society organizations (CSOs), and the community part is carried out with proximity mechanisms following the ECO² model, the government entities have subsequently included the practice in public policy and maintain a relationship and consultation with CSOs and communities for the implementation of this policy; subsequently, government entities have included it in public policy and maintain a relationship and consultation with CSOs and communities for the implementation of this policy.



Process:

The models provided are presented in their most complete version, as they are intended to serve as a guide and inspiration, but it should be emphasized that their partial application does not make them any less effective. The important thing is to have a clear direction and to advance little by little, developing the initiative according to the possibilities of each reality.

It is a process that can be advanced according to needs and interests:

- It is possible to start with a small mechanism that has the approach of the integral multidimensional intervention model, which will gradually weave together the community's own needs and resources, weaving networks and gradually increasing its scope.
- It would also be possible to start with what already exists, identifying and strengthening the capacities of the territory from a community-based perspective with nonformal networks. This is the basis for local economic development. Then, it links up with formal and political networks.
- An alternative would be to link a couple of existing services, starting with a minimum, such as a coordinating center, which may be composed of a single person who begins to build the network and a coordination system, linking the community and its resources, and building a mixed team. Advancing the Triple I Model.
- It could also be started with a territorial intervention model of urban alternative development, and there, incorporate Community Treatment mechanisms and network articulation so that they work together.



Source: La Teja Barrial civil society organization, Uruguay



They are models with some common formats, but that is alive, in process, and can evolve towards the others, as is happening, but always adapting to the realities of each territory. One can speak of a Meta-Model based on the theory of logical types,³¹ which allows organizations to build their intervention models, recognizing the diversity of geographical and temporal realities, but seeking the same objectives. Work in, with, and alongside communities.

There are different stages of development and evolution of this transformative process of comprehensive intervention in territories. To start working on community-based vulnerability care, only a few minimum requirements are needed. It is about understanding what is happening and advancing with a small germ with transformative viability, defining which model according to the needs and resources available.

How far one wants to go depends primarily on the change of perspective, as well as the political will and commitment of the community itself.



Photo provided by Programa ATREV-T del Área de Compensación de Desigualdades en Educación, Junta de Andalucía. Spain.

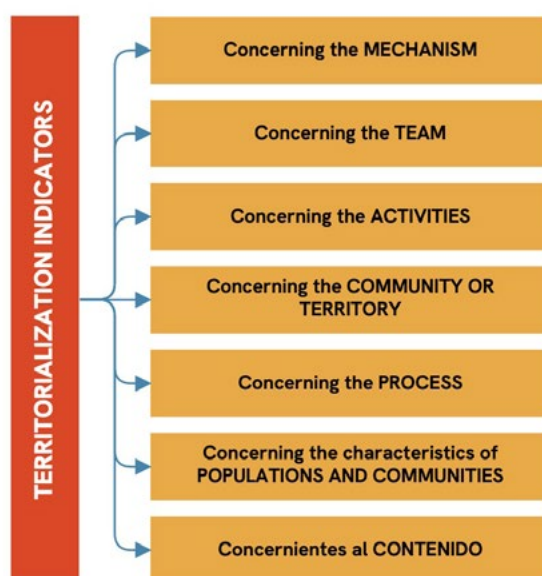
31 Russell, B. & Whitehead, A. Principia Matemática, Paraninfo, Madrid. 1981.



5. TERRITORIALIZATION INDICATORS

COPOLAD III, when it is committed to motivating territorialization in drug policies and populations in situations of vulnerability, considers that there are different starting points and objectives in each country, depending on their political, operational, and economic specificities, etc. For this reason, a group of indicators has been constructed that are useful to guide the process and products of the territorialization of policies with communities and populations in situations of vulnerability linked to drugs.

Indicators can be a bridge between theoretical models and practical experiences to know the scope of the interventions we carry out. Its structure follows 7 dimensions:



Source: Efrem Milanese, 2023

The purpose is to clarify some practical elements that can serve as anchors for the process. Therefore, it is important to consider what kind of products we already have and which ones we want to achieve, or what actions we have already taken and which ones we want to add.



5.1. Indicators catalog

The American Network for Intervention in Situations of Social Suffering ([RAISSS](#)) has played a key role in advancing toward a comprehensive approach to territorialization. In its tireless quest to improve inclusion, social integration and development interventions, RAISSS values the holistic view of people in their communities. To this end, it has developed a set of indicators that go beyond the mere quantification of achievements. These indicators promote the view of the process respecting the paths and stories already experienced by each community, city, region, and country. They allow us to know the progress in the process of territorialization and the missing path. Thus, they not only provide a framework but also detail the essence of territorialization by considering the particularities and dynamics of each territory, but at the same time, unify the approach to the territory.

TERRITORIALIZATION INDICATORS³²

Indicators concerning the mechanism³³

The practice, initiative, or policy includes low threshold mechanisms and street work strategies.

We understand by low threshold mechanisms that are not challenging to access. For example, open community mechanisms are different from high-threshold mechanisms that need a protocol and a formal structure to be followed. We include inside the street work all the activities that take place in the streets, parks, and nonformal places of the community's daily life.

The practice, initiative, or policy is connected formally with other stakeholders, networks, services, and operating teams in the same territory of the community.

Activities must not be developed by a unique institution. Territorialization requires network actions with different community stakeholders: networks (in person or online), practices, services, teams operating in the same territory, formal and nonformal community leaders, citizens, and (organized) groups.

³² Barros R., Serrano I., Mazzon M., Milanese E. Indicadores de territorialización - Territorialization indicators. 2023.

³³ By mechanism, we mean the characteristics of the context in which we work, the modalities of work, and the concepts on which they are based. For example, having a low threshold mechanism, a safe consumption room, a primary network, etc. Each of these mechanisms has a precise working context



The practice, initiative, or policy is part of a policy that strictly requires a territorial approach.

Deciding to build public policies from the communities, promoting the construction of processes bottom-up and from top to bottom. This must be mentioned clearly, p.eg, in the framework of a national plan or programs where the policy is applied (activities, actions, or strategies).

Indicators related to Team³⁴

The team has a great diversity of people, with at least one member of the community or the vulnerable population (peer operator) and professionals from the psychosocial area (psychology, social work, anthropology, ethnography, or sociology).

A peer operator is a member of the community or the vulnerable population. The policy is conceived, programmed, and implemented for him/her. He/she has been trained to implement actions within the community. Building a team is also part of a process that is developed in the meantime, and therefore, the initial conditions of the team are not the same as in the end.

The team has a network of at least 30 people.

The team knows at least 30 people who belong to the same territory and know the work/social relations between each other. Knowing the cooperation, work, or friendship relations of the people living in the network allows the team to work with that network.

There is an operative network formed by people belonging to the territory or the community.

An operative network is formed by people of the territory who are interconnected with the team who is cooperating to implement the activities and community stakeholders who can be a useful resource for the activities. It means a community doing something for itself.

The team is skilled enough and sensitive to genders, rights, vulnerabilities, and territorialization.

Encouraging community empowerment as civil society collectives as bearers of rights.

³⁴ Building a team can take place in a process of integration of different figures and functions, starting with one or two people and then reaching the required number and heterogeneity. The team has to reflect the territory, being only a small representative part of the actors who will implement the process. The team has an essential role in accompaniment and partnership.



Activity indicators³⁵

At least 30% of activities are implemented outside the teamwork mechanism.

It may be an office or a center where the team develops their activities. However, at least one part of the activities is carried out outside to facilitate access to services.

- a. **Prevention/organization of the community** *[social integration point of view]*
- b. **Basic assistance/harm reduction** *[restoration of rights]*
- c. **Education/rehabilitation** *[public health view]*
- d. **Psychological/medical care** *[public health view]*
- e. **Employment** *[sustainable development view]*

We include productive economy programs that aim to change people's reality.

- f. **Leisure, games, arts related to games and leisure** *[well-being]*

Identifying and including resources within the community *(human, material, resources regarding relations among citizens, organization resources, a multi-stakeholder point of view, etc.).*

Actions respond to each gender's needs *(specific activities according to the gender, multi-gender activities from an integration point of view).*

Including practices from the past, their outcomes, and capacities offered by them *(making the most of local experiences and recognizing experiences of civil society in community intervention. There are practices, experiences, and stakeholders that need to be validated, taking positive effects and community capacities into consideration).*

Representation of the community through its actors *(social representations of the population in situations of vulnerability, cultures, stereotypes, etc.). Making efforts to ensure equitable participation, guaranteeing the active involvement of the entire community with a gender and intersectional perspective.*

³⁵ We refer to the activities carried out with the population or with the community, knowing that there are also activities that have to do with everything that is necessary, so that activity becomes a policy.



Indicators concerning the community or territory³⁶

A highly vulnerable community (vulnerability related to drugs)

We mean contexts of daily life where we find the characteristics described in section n° 3 Vulnerable communities.

Community members participate in the elaboration of policies and proposed practices.

The community/territory is clearly defined from the geographical/virtual point of view and as a communication structure.

It may be a well-geographically defined neighborhood or a group found in a social network with a defined identity.

Process indicators³⁷

It is a top-down process: *a process coming directly from policymakers, from technical boards all the way down to "the territory."*

It is a bottom-up process: *a process that comes from the community actors, citizens, and their representatives, and from there takes the form of a proposal that is recognized by the political decision-makers and subsequently discussed and elaborated in technical roundtables with the presence of the community's installed capacity (see device and equipment).*

It is a mixed process *[bottom-up and top-down].*

Communities or populations excluded from the enjoyment of **fundamental human rights.**

³⁶ Here, the community is considered as a socio-anthropological entity rooted in a territory knowing that there are related different populations that can be included in politics: people who consume drugs, who live on the street, stalls in the street, people who live in prostitution, students from the schools present in the community, etc. What is particular about all these populations is that they are in a community: they have and maintain something that is common, such as a territorial identity, rites, myths, customs, habits, etc.

³⁷ We refer here to the global process that includes the work "inside the Latin American tower" and in the communities. In this case, the criteria almost exclusively identify forms of participation and relationships between decision-makers and policy agents and the populations or communities.



Indicators related to characteristics of populations and communities³⁸

Communities or populations excluded from the enjoyment of fundamental **human rights**.

Gender equity is considered.

Ensuring the inclusion and empowerment of all genders, such as promoting female participation in leadership and decision-making roles, ensuring equitable access to resources and opportunities, specifically diagnosing the situations of women and non-binary populations, and addressing the prevention and response to gender violence.

The action considers the issue of **sustainable development**.

Sustainable development is understood as a process that seeks to meet present needs without compromising the ability of future generations to meet their own needs.³⁹ Sustainable development is based on the idea of balancing economic, social, and environmental aspects: promoting a robust and healthy economy that generates employment, opportunities, and economic well-being for society; at the social level, the action implies respect for human rights, equity, social justice and the promotion of a decent quality of life for all people, leaving no one behind; and at the environmental level, responsible management of natural resources, environmental conservation and mitigation of negative impacts, so as to preserve the health of the planet for future generations.

Intersectionality

That is, the participation of various thematic areas of public drug policy is contemplated.

Content indicators. The policy/action is focused on:

1) Drugs

A group of drugs that have important effects on psychological processes, such as thought, perception, and emotion. Understanding the term in a broad sense, which includes those categorized by agencies as licit drugs, non-licit drugs, or any other substance, i.e., a new psychoactive substance (NPS), glue, bath salts, etc.

³⁸ We refer here to the population or human community and its characteristics. In the following component, we will see other aspects more related to what we want to do and the impact we want to have.

³⁹ This definition was introduced by the World Commission on Environment and Development in the report known as the "Brundtland Report" in 1987.



2) Human rights

It is a set of fundamental rights and freedoms for the enjoyment of human life in conditions of full dignity, and which are defined as intrinsic to every person by the mere fact of belonging to the human race, but which, in certain populations, are violated, limited, or even denied.

3) Vulnerable communities

Whether they are understood as vulnerable, vulnerable, or vulnerable⁴⁰, Communities, but in any case, they are communities in a situation of vulnerability and social suffering.

Situations of high vulnerability or high exclusion are those territorial contexts of daily life in which are observed: dynamics and processes of impoverishment or extreme poverty; very low or non-existent school levels with processes of distancing from formal education; lack of work or decent work; precarious forms of sustainability (casual work, poorly paid, outside the law or in clear violation of the law); serious processes of community violence (physical and psychological violence, segregation, guerrilla, war); street life and life on the street; sexual exploitation and sexually transmitted diseases, HIV-AIDS; forced displacements and migrations; impossibility of access to basic health, education, security and social protection services; absence of the rule of law; systematic violation of fundamental human rights; sale of drugs on the street, or territories dedicated to drug trafficking, human trafficking, etc.; communities that are shelters for illegal trafficking (illegal trafficking), etc. ; refuge communities for illegal trafficking (drugs, arms, human beings, children, women), cheap labor for work in subhuman conditions.⁴¹

4) Sustainable development

It is understood as the development that meets the needs of the present without compromising the capacity of future generations, ensuring a balance between economic growth, environmental care, and social welfare. To this end, it is recommended that at least one person in the team has skills in sustainable development.

5) Micro-trafficking

Referring to people who traffic small amounts of drugs, taking into account that in

40 The term "vulnerability" means that no human being or population group is "vulnerable" by nature, but rather, it is the conditions and factors of exclusion or discrimination that cause them to live in a situation of vulnerability and low enjoyment of human rights. "Vulnerability" refers to a process through which a community becomes more vulnerable, intensifying this condition due to different factors, as opposed to "vulnerable," which refers to a current reality of communities that have already experienced it.

41 Milanese, Efreem. Tratamiento Comunitario. Teorías y conceptos. Glosario Crítico ECO². 2017



some countries, possession of the minimum amount of drugs is criminalized as micro-trafficking, which leads to the criminalization of mere consumption.

6) Service network

They involve the connection and collaboration between different service providers, organizations, institutions, or individuals working together to address the needs of a specific community or group. It focuses on coordination and cooperation among various entities.

7) Service system

Service systems refer to broader organizational structures that encompass all services related to a specific area. A service system addresses the delivery, coordination, and regulation of services as a whole. It focuses on the organization and management of services on a broad scale.

8) Nonformal networks of community actors

Nonformal networks are understood as those that arise spontaneously on the initiative of the population, as opposed to those that are formally constituted as such and are recognized by their institutionalization. Thus, for example, a group of neighbors would be a nonformal network, while a group in the psychology area of a health center would be formal

9) Genders

Social intervention with a gender perspective is understood as that which implies a political position in the face of gender oppression and is aimed at ensuring that the special needs of girls, women, and non-binary genders are respected and attended to.

10) Social integration

Following the definition of the French sociologist Emile Durkheim, it refers to "the acceptance of minorities and disadvantaged groups in society, with the aim of improving their dignity and standard of living. In a broader sense, other authors have defined social integration as the dynamics of societies that are stable, safe, and just, based on the promotion and protection of all human rights, as well as on non-discrimination, tolerance, respect for diversity, equal opportunities, solidarity, security, and the participation of all, including disadvantaged and vulnerable groups and individuals (Schindlmayr, Huber and Zelenev. 2006).



5.2. Indicators application

The territorialization indicators presented above facilitate the construction of goals and processes to be followed and ensure that each proposal is articulated according to its reality. They play a fundamental role in providing practical anchors for the process. Their usefulness lies in clarifying and reviewing practical elements that serve as guides to the essential points of the work with the communities. In considering these indicators, we are encouraged to reflect on existing products and the objectives we seek to achieve. We are invited to evaluate the actions already undertaken and those we wish to incorporate.

The purpose is to clarify some practical elements that can serve as anchoring elements of the process. Therefore, it is important to consider what kind of products we already have and which ones we want to conquer, or what actions we have already taken and which ones we want to add.

In order to know whether or not we are on the right path, it is good to reflect by translating these indicators into questions:

- Where does the experience presented come from? Why does the need arise in this context, and who is requesting it? Does it come from an external project or because the community identifies a need?
- Has any **participatory diagnosis** or community mapping been carried out, allowing us to work at the pace of the needs and take advantage of the resources and opportunities that the community itself has, in addition to knowing the existing networks?
- In what way does the experience count on the **active participation** of the community in decision-making and the search for solutions?
- What **vulnerabilities** do you want to impact? If resources that exist in the community have been identified, in addition to vulnerabilities, how are these community resources included in the actions?
- What would be the **installed capacity** you want to generate? Are past practices, their results, and installed capacity included?
- What is the composition of the **work team**? Are there people from the community within it? And people involved in the problem being addressed, in addition to professionals in the psychosocial area or other areas of knowledge interested or with the potential to contribute to the process? Is the team trained and sensitized with respect to gender, rights, vulnerabilities, and territorialization?
- In what way is the experience a **bottom-up process**, meaning that it starts from the grassroots, involving people and communities directly affected by a problem, betting on scaling up to public policies from the communities themselves? Or is it a process that starts from the top down?
- Or is it a circular process, from the **bottom up and from the top down**, involving the effective articulation of the community and civil society with the State and public policies? Is the articulation of bottom-up and top-down processes promoted?
- Is there a **system of networks** at work?



- What is the fundamental role played by the **methodology** in the processes of the published experience?
- How does the experience foster the **emancipatory and economic empowerment** of communities, promoting productive inclusion and the development of a community economy?
- In what way does the experience involve a process of **social transformation**, focusing on the potentialities of people and communities for the transformation of processes and their lives?
- How does the experience incorporate a **gender and intersectionality perspective** that guarantees the active participation of women and other populations that are usually excluded and/or discriminated against due to factors such as race, gender, culture, age, economic, physical, mental health condition, and other characteristics?
- Is there a process **evaluation** mechanism in place prior to policy development?
- Is the practice in, initiative, or policy part of a **policy** that explicitly provides for a territorial or community approach? Does the practice, initiative, or policy provide for a community approach based on the relationship between different actors to achieve its purpose? Does the practice comply with the indicator of intersectionality and participation of various thematic areas of public drug policy?

From this point, we can evaluate how we can go forward or improve the previous actions.

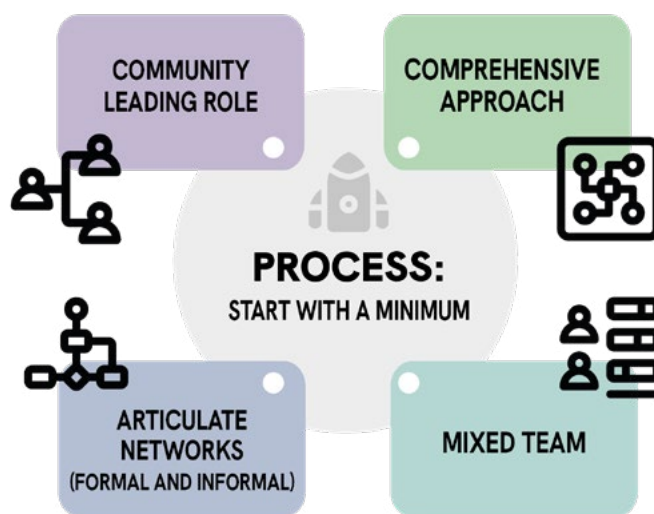


Photo provided by Fundación Convivir, Argentina



5.3. Steps towards Territorialization

It is also important to be clear that it is not necessary to meet all the indicators from the beginning. A **process** is required. Action can be initiated with minimum objectives and indicators, and as the community is incorporated into the process on the one hand and institutional support is committed on the other, the scope and field of action are expanded. The challenge is to make this initial move and then establish what exists in the community as installed capacity.



COPOLAD III is supporting interested Latin American and Caribbean countries in this process. To this end, the indicators have been used as an initial

snapshot, using them as a checklist, with the aim of identifying where we are starting from and, from there, identifying where we intend to go or intend to go, showing guidelines and steps that can be taken in this direction. Each country, by reviewing its indicators, can previously identify what already exists and focus on working to achieve the indicators in which the most weaknesses are observed. From there, each country builds a proposal for the implementation of a territorialization pilot, supporting the process of strengthening the proposal through continuous training and accompaniment of the advisory team assigned to each country.

The strategy used is based on:

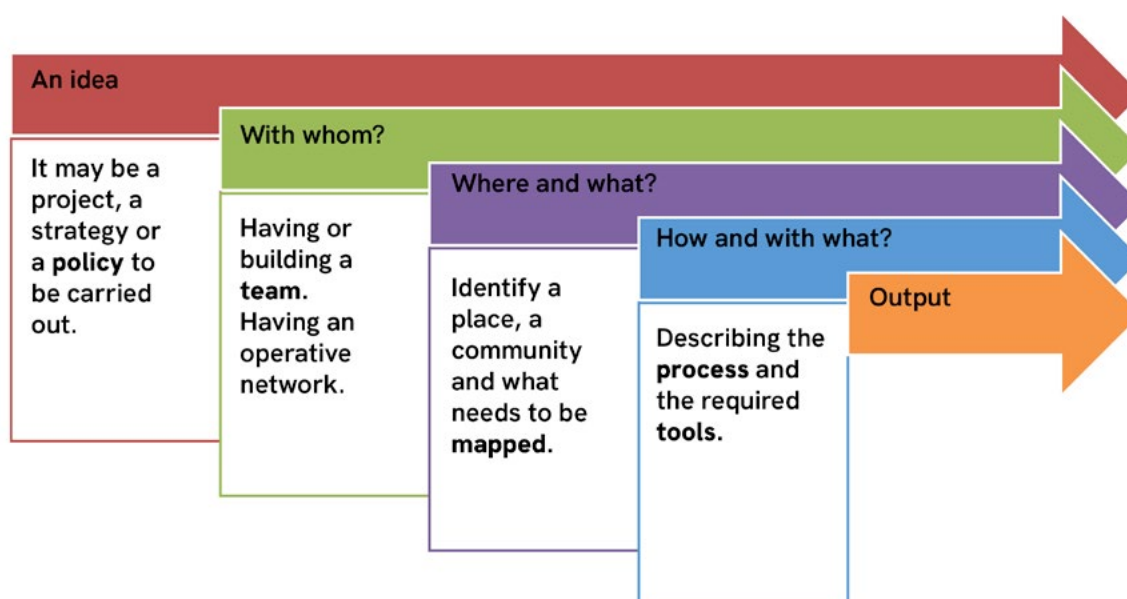
- a. Recognizing that all policies and activities developed in the countries for the population in the condition of vulnerability are good practices.
- b. Organizing some basic concepts of territorialization and generating a common language.
- c. To learn about the policies, plans, programs, and projects of the countries and identify the territorialization components already developed in them.
- d. To make visible the actions and practical policies of territorialization of each country and connect the countries in the sense of networking.
- e. To facilitate the construction of a team in the country made up of institutional actors and also people belonging to communities.
- f. Offer theoretical and methodological subsidies for the teams through technical



advice in order to support the construction of a pilot proposal.⁴²

- g. Identifying the key elements for the construction of the **pilot proposal** (described below)*.
- h. Formation of local advisory teams to follow up on pilots.
- i. Implementation of a pilot project for 9-12 months.
- j. Training of local actors for pilot development.
- k. Systematization of the pilot contents.
- l. Elaboration of a Territorialization Plan and Territorialization Guide for each country according to the specific contents of the pilot.
- n. Publication of a Plan and Guide by the national government.
- m. Evaluation of the process and construction of a network of territorialization programs.

***Identifying the key elements to construct the pilot proposal:⁴³**



Source: Efrem Milanese (2023)

One of the main advantages of this approach is that it is based on participatory community diagnosis, so that work is done at the pace of needs, taking advantage of the resources and opportunities that the community itself has. This, in turn, makes it possible to develop specific solutions adapted to the moment, resulting in more effective and relevant responses to the challenges faced by the communities.

⁴² Training Course in Community Treatment ECO² (CT) by COPOLAD III, developed by RAISSS. Authors: Raquel Barros, Maysa Mazzon, Efrem Milanese and Irene Serrano. 2023.

⁴³ Material included in the Training Course on Community Treatment ECO² (CT) by COPOLAD III, developed by RAISSS. Authors: Raquel Barros, Maysa Mazzon, Efrem Milanese and Irene Serrano. 2023.



The diagnosis will help to define the strategy to be outlined or the policy to be defined that is appropriate to the reality of the territory. Once the idea of what is to be done is clear, it is necessary to define with whom, where, how, and with what it will be done:

WITH WHOM?

The first step consists of making visible (when they exist) or building (when they do not exist) the **networks of non-formal relationships** (friendship, belonging to the same territory, having common interests and opinions, using the same means of transport, wrong social networks, living in the search, sharing the same playground, etc.), successively **formal** (kinship relationships, work relationships, relationships linked to trade, respect for the authorities, etc.) in the community, because these networks are the community, they produce, maintain and transform the community.

The human resources (people) found in a community are its installed capacity; it is these people and the relationships between them that ensure that the community persists and functions. Consequently, the first action when I am in a community is to relate to all the people, regardless of their role, function, or social status. It is about establishing contact with people in the territory for the construction of an **operative network**.

From there, you have to move to get their support. This can be done simultaneously through two different strategies: the first through formal relationships and the second



Photo provided by CRSL "Nueva Vida, Nuevas Oportunidades". Honduras



through non-formal relationships. In an institution, formal relationships (organized on the basis of roles, functions, and tasks) prevail and sometimes also determine non-formal relationships: friendship, quality of collaboration, ideological proximity, common social representations, etc., which in turn determine the intensity (in terms of frequency) of the relationships.

The central issue here is to **complete the work of forming the team**, integrating people who belong to the territory through a process that once again begins with the question: With whom do I do it? How do you complete the construction of the initial team by navigating in the territory? How do we establish contact with people in the territory and build a network of people who are actors in the community treatment (Operational Network)?.

The work team is formed **when people from the community** in which the policy is to be implemented are also included. This step is fundamental because it is the participation of people from the community that makes the policy effectively territorialized. Otherwise, it is an institutional team present in a territory, which is not the same thing. Therefore, we must redefine the limits of the community, which has been understood as the opposite of intramural interventions (everything that is done outside the building). It may be a first and important step, sometimes indispensable in a top-down process, but if we want to territorialize, this would not be enough. It is to understand that the approach, diagnosis, and intervention must be integral in and with the community.

And what is the difference between a team and a working group? What is the difference between a working group and an operational network?:

- In this context, **a team** is a group of people organized around a task: to territorialize a policy in all its aspects. It is the task that helps to identify roles, functions, and relationships within a team.
- In this context, **a working group** is a group of people who organize themselves as a team for the execution of a specific task that can be an activity, a linking action (for example, to keep connected with a harm reduction service to all the people who need and require it). The team is part of the working group. However, its task is broader and more strategic than operational.
- In this context, **an operational network** is a workgroup in which the relationships and attributes of people are made visible with tools and concepts of network theory that help to make visible their developments, dynamics, impacts, and results, facilitating their use in social actions or policies. The entire Community Treatment system is shaped through networks.

WHERE AND WHAT?

As already indicated, a territory is a product of a network of social actors (individuals, formal and non-formal opinion leaders, civil society organizations, institutions, etc.), but it



is also characterized as a geographical space with one or more languages, organizational processes, social functions, conflicts, and their solutions, cultural interests, etc. (Massimi 2001). With the team, we must identify this geographical space:

- Identify what to observe (problems, vulnerabilities, types of groups and places they occupy, places of conflict, peace, transition, transit, bottlenecks, services, etc.).
- List everything identified with a brief description of each indicator.
- Recognize the demand of a population and a territory.
- Identify the most appropriate observers (competent for each type of element to be observed).

A map can be considered as a tool that helps us to go, in an effective and efficient way, from one point to another in a territory. Mapping is developed in three phases or moments, each of which has a central issue:

1. In the first phase, values and resources in the community are mapped.
2. In the second phase, vulnerabilities and risks are mapped.
3. In the third, access.

When we talk about a policy for communities in vulnerable conditions, we are talking about the most effective and efficient ways to connect vulnerabilities with resources/values, and talking about this means talking about access.



Source: Efre Milanese (2023)



HOW AND WITH WHAT?

Once the above points have been identified, it is possible to define how it will be done, with which resources from the community, and with which external resources it will be possible to define the actions to be taken. This can be part of a process, starting with some proposals and some resources and, little by little, widening the scope of the project.

The important thing is to understand that it is possible to start with a small device and, from there, generate alliances and create networks to increase the scope of the service. For example, if what exists is a harm reduction service that goes two days a week to the community in a mobile unit to bring the service closer, you can start by linking it to some community resource, such as a soup kitchen, and include the users in some way in the service itself, such as a hairdressing service.

There are simple ways of moving towards territorialization



Photo provided by Prevencasa, Mexico



6. EXPERIENCES WITHIN THE TERRITORY

6.1. Inspiring experiences found in Latin America, the Caribbean, and the European Union

Once the basic conceptual aspects have been defined, this guide aims to be a space for exchange and knowledge of territorialization practices in the field. To this end, an exhaustive process of identification, selection, organization, and subsequent development has been carried out, including a review of relevant digital publications and web pages; interviews have also been conducted with various entities and key actors, four regional meetings have been organized with civil society and groups of people who use drugs, and finally, some bilateral meetings have been held with governments. Following the information gathering carried out by the working group in charge of preparing this guide,



Photo provided by Corporación Surgir, Colombia



about 70 resources and experiences in Latin America, the Caribbean, and the European Union that support policies that address drugs, territories, and social vulnerability were identified.

Being aware that it is not possible to present all of them, we proceeded to select those that met a greater number of indicators that were inspiring and/or motivating examples to improve the existing ones. We found excellent and innovative examples, but in some cases, very similar in several countries, and eligibility criteria were established with the idea of having a wide range of different initiatives, diversity, plurality, novelty, and transferability.

As a final result, 22 experiences from different countries and regions are collected (developed in the Annex), reflecting different methodological models aimed at different populations: street population in general, drug users, women, youth and children, persons deprived of liberty, ethnic minorities, migrants, and other gender identities.

Some are supported by international cooperation, some by governments, and others by the community itself or by civil society.

Annex I details each of these 22 experiences. To facilitate their reading, they have a homogeneous format, which begins with a brief description summarizing the main points of the experience, followed by a more detailed development of the experience, including background and context, intervention methodology, characteristics of the population and the environment of that territory, general and specific objectives, main actions carried out, implementation processes and the strengths of territorialization, highlighting those that have the potential to serve as practical and inspiring examples; It also includes monitoring and evaluation systems, if any, results and additional information, links to its website, publications, as well as a contact person in case there is interest in learning about the experience in greater detail. The aim is to make visible the main aspects of its methodology for inspiration and possible replication.

In addition, experiences of local, regional, and international networks have been identified, as well as experiences of community collective economic development, developed in sections [6.2](#) and [6.3](#) of this guide.



The experiences identified, which are detailed in Annex I, are:



1. [ARGENTINA](#). **Intervention in consumption through networking building.** [Convivir Foundation](#). Comprehensive community device aimed at addressing substance abuse through the methodology of Community-Based Treatment
2. [BAHAMAS](#). **Assets Coming Together for Adolescent and Young Adult's Health and Wellness (ACT NOW!).** Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Centre. Comprehensive, multi-system, multi-strategy approach to reduce youth involvement in problem behaviors and substance abuse..
3. [BRAZIL](#): **Experiences of NuPop (Nucleus for Vulnerable Populations and Mental Health in Primary Care) and Colaboratório - Fiocruz Brasília.** Ministry of Health. Collaboration network between institutions that work with street populations and people in vulnerable territories.
4. [BRAZIL](#) **Conexao Musas.** [Empodera Institute](#). Collective of women acting in a network for their economic autonomy and community development.
5. [BRAZIL](#): **ECO² "Centro de Escuta e Convivência" (Listening Center).** [Grupo Espírita Casa da Sopa](#). Program for assistance and social and labor inclusion of people living on the streets.
6. [COLOMBIA](#). **"Centro de Escucha para Habitantes de Calle" (SDF Listening Center).** [Surgir Corporation](#). Prevention, community treatment, harm reduction, and street programs. Collective of people who use drugs Yonquies Med.



7. [COLOMBIA](#). **Risk and Harm Reduction Mechanism of Sucre Neighborhood in Cali.** [Corporación Viviendo](#). Management of Community Devices ECO² Model, and Street Programs with Harm Reduction Strategies targeting a predominantly intravenous drug using (heroin) unhoused population.
8. [COSTA RICA](#). **"Hogar de la Esperanza" (Home of Hope)**. Listening, accompaniment, and community welcome for people in vulnerability, minorities active in drugs, street dwellers, and people living with HIV.
9. [COSTA RICA](#). **"Familia Penitenciaria Unida"**. (FPU - United Penitentiary Family). Support for the families of people deprived of their liberty.
10. [CHILE](#). **The Protagonist's Participation of Children in territories affected by substance trafficking.** [La Caleta Corporation](#). Strengthening work for children with parents deprived of their liberty for micro-trafficking.
11. [SPAIN](#). **ATREV-T and ATREVI-2 PROGRAMME**. Ethnic minorities, risk contexts, drugs, and creative socio-educational intervention. Area of Compensation of Inequalities in Education. Department of Education, Equality and Social Welfare. **Regional Government of Andalusia**.
12. [SPAIN](#). **Intervention Model in ABD: Integrated and Cross-sectional.** [Asociación Bienestar y Desarrollo \(ABD\)](#).
13. [GUATEMALA](#). **Street Youth Movement (MOJOCA, Movimiento de Jóvenes en la Calle)**. The movement was led by street boys and girls so that they could defend their rights and improve the quality of their lives.
14. [HONDURAS](#). **"Nueva Vida, Nuevas Oportunidades" (New Life, New Opportunities) Social and Professional Reinsertion Centre (CRSL)**. Prison Pastoral Care of the Catholic Church. Social and labor inclusion of graduates from the penitentiary system.
15. [JAMAICA](#). **TEK IT TO DEM.** [National Council On Drug Abuse \(NCDA\)](#). Harm reduction intervention aims to provide care and support to the homeless and other vulnerable populations at risk of drug use, HIV, and social challenges.
16. [MEXICO](#): **Harm Reduction Integral Services in Tijuana.** [PrevenCasa A.C.](#) Safe drug use in the border area.
17. [PERU](#). **"El Jardín" (The Garden) Listening and Welcoming Center.** [CEPESJU](#) (Centro de Estudios de Problemas Económicos y Sociales de la Juventud). Community listening activities in the community Modelo ECO², which provides basic assistance to vulnerable people.
18. [PORTUGAL](#). **Integrated Responses Operational Plan (PORI)**. Institute for Addictive Behaviour and Dependencies (ICAD).
19. [DOMINICAN REPUBLIC](#). **Proyecto Príncipe (Community Prevention and Innovation Integrated for Populations Exposed to HIV).** [COIN](#) (Centro de Orientación e Investigación Integral). **Community Resilience Collective of people who use**



drugs: "Cámbiate la pinta". Attention to people who inject drugs through street actions to reduce the risk of acquiring HIV and promote access to health care.

20. [TRINIDAD AND TOBAGO](#). "StrongHER, SafeHER, TogetHER", a social integration project through self-defense training for Venezuelan migrant women and local women. [Security Training Academy \(ASMA\)](#).
21. [URUGUAY](#). **Community-based treatment, Aleros Attention Mechanism. [Aleros Programme](#). National Drug Board/Presidency.** Policy of action in highly vulnerable populations with community-based treatment facilities through networking and inter-institutional coordination.
22. [URUGUAY](#). **Community-based model in contexts of social exclusion. [Encare](#).** Model of community-based work, street work, and work in community centers, networks, and focal nodes.

Tools are made available to serve as inspiration to improve what already exists or to initiate the implementation of programs and policies for development and for tackling drug-related vulnerabilities in the territories.



Photo provided by FPU, Costa Rica



Experiences identified as practical examples of compliance with territorialization indicators:

As explained above, after the work team gathered information, a thorough review was made of the experiences identified, selecting those that meet specific indicators for developing the territorialization of policies with communities and populations in situations of vulnerability linked to drugs. This table links these practical examples to meet the territorialization indicators. In the right-hand column, you can access the experience that, as a practical example, offers indications or shows ideas on how a practical example offers indications or shows ideas on how to come closer to complying with the indicator in the left-hand column.

TERRITORIALIZATION INDICATORS	EXPERIENCES
Mechanism indicators	Experiences as examples of how to comply with the indicators
The practice, initiative, or policy includes low threshold mechanisms and street work strategies	<ul style="list-style-type: none"> • Familia Penitenciaria Unida (FPU) - Costa Rica • Take it to Dem - Jamaica • Proyecto Príncipe. COIN - Dominican Republic
The practice, initiative, or policy is connected formally with other stakeholders, networks, services, and operating teams in the same territory of the community	<ul style="list-style-type: none"> • Proyecto Príncipe. COIN - Dominican Republic • Conexaos Musas. Empodera - Brazil • Hogar de la Esperanza - Costa Rica
The practice, initiative, or policy is part of a policy that strictly requires a territorial approach	<ul style="list-style-type: none"> • Aleros - Uruguay • Listening Centre for SDFs. Corporación Surgir - Colombia • Harm and risk reduction mechanism in Sucre neighborhood. Corporación Viviendo - Colombia • Nupop - Brazil • Operative Plan for Integrated Responses (PORI) - Portugal
Team indicators	Experiences as examples of how to comply with the indicators
The team has a great diversity of people, with at least one member of the community or the vulnerable population (peer operator) and professionals from the psychosocial area	<ul style="list-style-type: none"> • Listening Centre for SDFs. Corporación Surgir - Colombia • Consumption Intervention through Network Building. Fundación Convivir - Argentina • Protagonistic Participation of Children in territories conflicted by trafficking. La Caleta - Chile



TERRITORIALIZATION INDICATORS	EXPERIENCES
The team has a network of at least 30 people	<ul style="list-style-type: none"> • Consumption Intervention through Network Building. Fundación Convivir - Argentina • Listening Centre for SDFs. Corporación Surgir - Colombia • Youth Economical and Social Issues Research Centre "El Jardín". CEPESJÚ - Perú
There is an operative network formed by people belonging to the territory or the community	<ul style="list-style-type: none"> • Conexaos Musas. Empodera - Brazil • Protagonistic Participation of Children in territories conflicted by trafficking. La Caleta - Chile
The team is skilled enough and sensitive to genders, rights, vulnerabilities, and territorialization	<ul style="list-style-type: none"> • Proyecto Príncipe. COIN - Dominican Republic • Conexaos Musas. Empodera - Brazil • Hogar de la Esperanza - Costa Rica
Activity indicators	Experiences as examples of how to comply with the indicators
At least 30% of activities are implemented outside the teamwork mechanism	<ul style="list-style-type: none"> • Hogar de la Esperanza - Costa Rica • Take it to dem - Jamaica • ENCARE - Uruguay
a. Prevention/organization of the community [social integration point of view]	<ul style="list-style-type: none"> • Welcoming Centre and Listening Centre "El Jardín". CEPESJU - Perú • Act Now! - Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Centre - Bahamas • CADCA
b. Basic assistance/harm reduction [restoration of rights]	<ul style="list-style-type: none"> • Take it to dem - Jamaica • "Harm reduction integrated services" in Tijuana. PrevenCasa - México • Harm and risk reduction mechanism in Sucre neighborhood. Corporación Viviendo - Colombia • Hogar de la Esperanza - Costa Rica
c. Education/rehabilitation [public health view]	<ul style="list-style-type: none"> • "ECO² Centro de Escuta e Convivência" Grupo Espírita Casa da Sopa - Brazil • ATREV-T & ATREVI-2. Regional Government of Andalusia - Spain
d. Psychological/medical care [public health view]	<ul style="list-style-type: none"> • Social and Professional Reinsertion Centre "Nueva Vida, Nuevas Oportunidades" - Honduras • Consumption Intervention through Network Building. Fundación Convivir - Argentina
e. Employment [sustainable development view]	<ul style="list-style-type: none"> • Street Youth Movement MOJOCA - Guatemala • Social and Professional Reinsertion Centre (CRSL) "New Life New Opportunities" - Honduras



TERRITORIALIZATION INDICATORS	EXPERIENCES
f. Leisure, games, arts related to games and leisure [well-being]	<ul style="list-style-type: none"> • Street Youth Movement MOJOCA - Guatemala • ATREV-T & ATREVI-2. Regional Government of Andalusia - Spain
Identifying and including resources within the community	<ul style="list-style-type: none"> • Operative Plan for Integrated Responses (PORI) - Portugal • Conexao Musas. Instituto Empodera - Brazil
Actions respond to each gender's needs	<ul style="list-style-type: none"> • Protagonistic Participation of Children in territories conflicted by trafficking La Caleta - Chile • ATREV-T & ATREVI-2. Regional Government of Andalusia - Spain
Including practices from the past, their outcomes, and capacities offered by them	<ul style="list-style-type: none"> • Harm and risk reduction mechanism in Sucre neighborhood. Corporación Viviendo - Colombia
Representation of the community through its actors	<ul style="list-style-type: none"> • StrongHER, SafeHER, TogetHER, ASMA - Trinidad y Tobago • ENCARE - Uruguay
Indicators concerning the community or territory	Experiences as examples of how to comply with the indicators
A highly vulnerable community (vulnerability related to drugs)	<ul style="list-style-type: none"> • Harm and risk reduction mechanism in Sucre neighborhood. Corporación Viviendo - Colombia • "ECO² Centro de Escuta e Convivência" Grupo Espírita Casa da Sopa - Brazil • Street Youth Movement MOJOCA - Guatemala
Community members participate in the elaboration of policies and proposed practices	<ul style="list-style-type: none"> • ATREV-T & ATREVI-2. Regional Government of Andalusia - Spain • Act Now! - Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Centre - Bahamas • Street Youth Movement MOJOCA - Guatemala • NuPop - Brazil
The community/territory is clearly defined from the geographical/virtual point of view and as a communication structure	<ul style="list-style-type: none"> • Conexao Musas. Instituto Empodera - Brasil • Welcoming Centre and Listening Centre "El Jardín". CEPESJU - Perú
Indicators concerning process	Experiences as examples of how to comply with the indicators
It is a top-down process	<ul style="list-style-type: none"> • Operative Plan for Integrated Responses (PORI) - Portugal



TERRITORIALIZATION INDICATORS	EXPERIENCES
It is a bottom-up process	<ul style="list-style-type: none"> • ENCARE - Uruguay • "ECO² Centro de Escuta e Convivência" Grupo Espírita Casa da Sopa - Brazil
It is a mixed process [bottom-up and top-down]	<ul style="list-style-type: none"> • Aleros - Uruguay
A process evaluation mechanism and/ or a diagnostic tool was established prior to the development of the policy	<ul style="list-style-type: none"> • NuPop - Brazil • ATREV-T & ATREVI-2. Regional Government of Andalusia - Spain • "Harm and risk reduction mechanism in Sucre neighborhood. Corporación Viviendo - Colombia
Indicators related to characteristics of populations and communities	Experiences as examples of how to comply with the indicators
Communities or populations excluded from the enjoyment of fundamental human rights	<ul style="list-style-type: none"> • Familia Penitenciaria Unida - Costa Rica • Social and Professional Reinsertion Centre "Nueva Vida, Nuevas Oportunidades"- Honduras
Gender equity is considered	<ul style="list-style-type: none"> • Conexao Musas. Instituto Empodera - Brazil • "Harm reduction integrated services" in Tijuana. La Zona. PrevenCasa - México • StrongHER, SafeHER, TogetHER, ASMA - Trinidad y Tobago
The action considers the issue of sustainable development	<ul style="list-style-type: none"> • Community Banks and other models of community collective economy • Intervention in social transformation model in ABD - Spain
Intersectionality [participation in different areas of drug public policy]	<ul style="list-style-type: none"> • Operative Plan for Integrated Responses (PORI) - Portugal • Catalan Drug Addiction Federation (FCD) • Act Now! - Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Centre - Bahamas
Content indicators. The policy/action is focused on:	Experiences as examples of how to comply with the indicators
Drugs	<ul style="list-style-type: none"> • "Harm reduction integrated services" in Tijuana. PrevenCasa - México • Take it to Dem Project - Jamaica
Human rights	<ul style="list-style-type: none"> • Familia Penitenciaria Unida (FPU) - Costa Rica, belonging to the International Network of Women Relatives of People Deprived of their Liberty (RIMUF) • Latin America and Caribbean Network of Drug Users (LANPUD)



TERRITORIALIZATION INDICATORS	EXPERIENCES
Vulnerable communities	<ul style="list-style-type: none"> • "ECO² Centro de Escuta e Convivência" Grupo Espírita Casa da Sopa - Brazil • Caribbean Vulnerable Communities Coalition (CVC)
Sustainable development	<ul style="list-style-type: none"> • Community Banks and other community collective economy models • Conexão Musas - Brazil • Hogar de la Esperanza - Costa Rica
Micro-trafficking	<ul style="list-style-type: none"> • Protagonistic Participation of Children in territories conflicted by trafficking La Caleta - Chile
Service network	<ul style="list-style-type: none"> • Intervention in social transformation model in ABD - Spain • Social and Professional Reinsertion Centre "Nueva Vida, Nuevas Oportunidades" - Honduras • Act Now! - Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Centre - Bahamas
Services system	<ul style="list-style-type: none"> • NuPop - Brazil • Operative Plan for Integrated Responses (PORI) - Portugal • Catalan Drug Addiction Federation - (FDU)
Nonformal networks of community actors	<ul style="list-style-type: none"> • COIN Community Resilience - Dominican Republic • Yonquies Med de Corporación Surgir - Colombia
Genders	<ul style="list-style-type: none"> • Hogar de la Esperanza - Costa Rica • Intervention in social transformation model in ABD - Spain • Proyecto Príncipe. COIN- Dominican Republic • Aleros - Uruguay
Social integration	<ul style="list-style-type: none"> • "StrongHER, SafeHER, TogetHER", autodefensa - Trinidad y Tobago



6.2. Networks: Establishing Global Strengths

Networking is the constitution of an organization of organizations, i.e., a meta-organization. Methodologically, articulation is, first of all, a work of identification and convening of nodes to "knot" or weave a new network. The nodes seek to constitute themselves as a collective actor, forming their own common agenda, discourse, and practice.

It should be emphasized that working in networks, whether local, regional, or international, can offer significant advantages in the field in question:

- 1) **Coordination and Collaboration:** Enable greater coordination and collaboration between different actors. This is essential to avoid duplication of efforts and to make better use of available resources.
- 2) **Resource Mobilisation:** In addition, collaborating in networks provides access to shared resources, whether financial, material, or knowledge. Networks can mobilize external resources by connecting territories with donors, international organizations, and support programs. This contributes to the sustainability and expansion of community interventions.
- 3) **Knowledge Sharing:** They promote the exchange of experiences, good practices, and lessons learned.
- 4) **Diversity of Perspectives:** Networks offer the opportunity to incorporate a diversity of perspectives and approaches. This multiplicity enriches intervention strategies by considering diverse cultural, economic, and social contexts. Participating in networks does not weaken territorial identity but rather strengthens it by highlighting the unique strengths and resources of each community.
- 5) **Policy Influence:** Networks, acting collectively, provide a platform for evidence-based policy advocacy and promotion of approaches that address the social vulnerabilities associated with drug use. Working together strengthens the collective voice and increases influence on policy decisions.
- 6) **Scalability and Outreach:** Networks allow interventions to have a wider reach and greater scalability. They can serve to disseminate and leverage the strength of the territory they represent, amplifying the message as a platform for collective action.

In short, participation in networks is not only a practical collaboration strategy but also an effective way to elevate and strengthen the voice and action of territories on the national and international stage.



Examples of local, regional, and international networks⁴⁴:

Hereby, a list of successful network work experiences (without seeking to be extensive)⁴⁵:



Caribbean Vulnerable Communities

CVC - Caribbean Vulnerable Communities Coalition, based in Jamaica, is a coalition of community leaders and NGOs of different Caribbean countries that advocate for the cause and provide services.

These groups of particular **vulnerability** include men who have sex with men, transgender people, sex workers, people with disabilities, people who use substances, orphans and other children made vulnerable by HIV, migrant populations, incarcerated and released prisoners, and young people in especially difficult circumstances. These groups are subject to high levels of stigma and discrimination. They also lack the social and legal protection afforded to other members of society and are socially excluded because their behavior may be considered delinquent, deviant, or criminal.

They carry out the following actions:

- a. **Advocacy and lobbying:** CVC leads and supports regional Advocacy for stigma-free services and social protection for vulnerable groups, including the removal of legislative barriers to HIV and appropriate treatment and care. CVC prioritizes strengthening the leadership and social mobilization of groups to act on their own behalf and influence national and regional HIV and health policy and programs.
- b. **Strengthening alliances and partnerships:** Strengthening alliances and partnerships is a hallmark of CVC's work. Shared agreements and approaches to HIV and AIDS prevention, treatment, and care are crucial. Structural barriers to accessing treatment and care have been so significant that only through combined efforts is an effective response possible and sustainable.

"Two plus two equals twenty-two" - Executive Director of the GVC.

- c. **Social mobilization and capacity building:** Vulnerable communities must be involved in national and regional policy debates and decision-making related to

⁴⁴ This is information found on the respective public websites of each of these entities, which have been named by some of the persons/entities interviewed in the process of preparing this guide.

⁴⁵ This is not intended to be an exhaustive list; we know that there are other networks in the region that address drug-related vulnerabilities, such as the International Network for the Defence of Children and Adolescents in Street Situations (RIDIAN), to name but a few



HIV responses in the Caribbean. Meaningful inclusion requires some training and social mobilization processes to equip representatives with a mandate and an understanding of the needs of their constituency, effective communication, and committed leadership. CVC works to develop the skills in these areas to improve group and individual self-defense. The online **CVC Academy offers** online courses as well.

Website: <https://cvccoalition.org/>

E-mail: info@cvccoalition.org



CADCA - Community Anti-Drug

Coalition of America: it represents more than 5,000 community coalitions involving people from key sectors such as schools, law enforcement, youth,

parents, health care, media, tribal communities, and others. They have trained more than 14,000 prevention professionals, and their members work to create safe, healthy communities in every U.S. state and territory and in more than 30 countries in Africa, Asia, the Middle East, and Latin America and the Caribbean (Argentina, Bolivia, Brazil, Costa Rica, Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Mexico, Paraguay, Peru, and Uruguay).⁴⁶

The CADCA coalition model emphasizes the power of community coalitions to prevent problematic substance use through collaborative community efforts.

Since 1992, CADCA has been promoting social change by bringing all sectors of a community together in community coalitions. A coalition is a voluntary, formal agreement and collaboration between groups or sectors of a community in which each group retains its identity, but all agree to work together towards the common goal of building a safe, healthy, and drug-free community.

Community coalitions are made up of parents, teachers, police, businesses, faith leaders, healthcare providers, and other community activists who are mobilizing locally and nationally under the umbrella of CADCA to make their communities safer, healthier, and drug-free.

Website: <https://www.cadca.org/>

Contact: <https://www.cadca.org/contact-us/>

46 Manual para Coaliciones Comunitarias Anti-Drogas. CADCA. Instituto Nacional de Coaliciones. Comunitarias. 2005. <https://manantiales.org/wp-content/uploads/2021/08/Manual-para-Coaliciones-Comunitarias-Anti-Drogas-Fuente-CADCA.pdf>



FCD - Federació Catalana de Drogodependències - Catalan Drug Addiction Federation - born in 1985, when the organizations in the sector decided to join forces and pool the knowledge acquired in their daily work of caring for people with

problematic drug use and their families. The aim of the union was to develop their vision, to be the interlocutor with the public administrations and thus guarantee quality and adapted assistance, working together with the community, with co-responsibility in the face of this phenomenon. The FCD is made up of 26 entities working in a coordinated and articulated **network that operates as an inter-sectoral service system**, which is considered part of a broader whole, allowing for a comprehensive approach to work. It is the **articulation of integrated local and territorial networks of health and social services**. Objectives are shared, and an active, complementary, co-responsible, and proactive presence is maintained, with the aim of influencing, escorting, and being accompanied.

Website: <https://www.fcd.cat/>

E-Mail: fcd@fcd.cat



LANPUD - Latin America and Caribbean Network of People Using Drugs. It functions as a regional support and reference point to manage, influence, promote, and influence public policies and programs, laws, and cultural paradigms for the elimination of stigmatization, discrimination, and criminalization of people who use psychoactive substances, through the promotion and **defense of their human**, social, cultural, economic and political rights. Its member countries are Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, Puerto Rico, Saint Lucia and Uruguay.

They are important actors in giving strength to the process of territorialization, giving a voice to people who use drugs in policy processes, from an ethic of personal care and collective care. They focus on Advocacy, organization, and networking as a safe space to accompany and support people who use drugs, seeking their empowerment and active



participation in the design, implementation, and evaluation of policies that directly affect them from a rights-based perspective.

Website: <http://www.redlanpud.net/>

E-Mail: inforedlanpud@gmail.com



RAISSS - American Network of Organizations for Intervention in Situations of Social Suffering, is a transnational network of networks of civil society organizations from 15 Latin American countries working with the same transdisciplinary ECO² metamodel.

RAISSS is a network of national networks that brings together social organizations that intervene in situations of social suffering (drugs, HIV, prisons, street situations, vulnerable children, etc.) in local communities.

RAISSS has been formed as a commitment to reduce various situations of social suffering in Latin American countries, and to achieve this, it has developed processes of a) Training and research in action, b) Creation of bridges between practice and science, c) Advocacy in public policies d) Articulation of network organizations e) Articulation with other networks.

RAISSS Community Treatment practices are found in more than 78 local communities in Uruguay, Paraguay, Peru, Argentina, Honduras, Colombia, Brazil, Mexico, Bolivia and Chile. These experiences are systematized and evaluated in order to produce evidence and maximize the results and social impact of the interventions.

Website: <https://www.raisssla.org/>

E-mail: contato@raisssla.org



RIMUF - International Network of Women Relatives of People Deprived of their Liberty: Network working with people from LAC and Spain.

It is a network that operates in several countries (Argentina, Brazil, Colombia, Costa Rica, El Salvador, Catalonia, Mexico, and Ecuador). It accompanies persons deprived of their liberty and their families. Although each local context has its own particularities, women and their families experience the same difficulties regardless of language, country, culture, or religion. The organizations thus recognize that they can accompany us



from a distance and support each other in the face of the impact that imprisonment has on the lives of the families of Persons Deprived of Liberty (PDL).

RIMUF's mission is to establish links between the member countries of the Network and the organizations of women relatives of PDL for the generation of strategies to make visible and guarantee the rights of all persons affected by incarceration, representing persons deprived of liberty and their families. In addition to strengthening the organizations locally with their link with the State and other actors regarding forms of Advocacy, claims, or complaints.

Its specific objectives are:

- To produce studies that account for the situation of women's family members and the impact of imprisonment on their lives.
- To produce information on access to health care for PDL in different countries and its correlation with regard to deaths in prison.
- To act against impunity and prosecution of any cause of inhumane treatment and/or torture of PDL and their families.
- Generate opportunities or meetings for discussion and reflection to expand knowledge about the violation of human rights of PDL and their families.
- Promote exchange and listening meetings with international organizations.

Website: <http://rimuf.org/>

E-mail: contacto.rimuf@gmail.com



6.3. Community banks and other examples of collective community economy: strengthening roots

Community banks and other models of community-based collective economy development in Latin America represent initiatives that seek to strengthen the economic autonomy of local communities. These models focus on collaboration and solidarity, allowing financial resources to circulate internally for the benefit of residents. Community banks, in particular, stand out for their focus on financial inclusion and the active participation of community members in economic decision-making. These practices not only promote economic sustainability but also strengthen social ties and foster local empowerment. That is why we wanted to collect some examples to serve as inspiration.

According to the definition of Banco Palmas (2020), **Community banks or traditional community development banks** are "a financial service, in solidarity, in the network, of associative and community character, aimed at reorganizing local economies, in the perspective of work and income generation and solidarity economy." The purpose of the community bank is not the accumulation of capital and profits by shareholder-owners but the community development where the bank is located. As its name indicates, the bank belongs to the Community, which must participate in its creation, implementation, and management. The community bank model has been very relevant in the countries of the South, where a large part of the population is excluded from financial services due to the impossibility of opening a bank account.⁴⁷ They exist in many different LAC countries, including:



banco
palmas

*Um sistema integrado de crédito, produção,
comércio, consumo e felicidade humana.*

1) Banco Palmas (Brazil): Based in Fortaleza, Brazil. Banco Palmas is a benchmark in the creation of community financial systems, being the first community development bank. It focuses on local development, offering financial services to low-income residents and promoting local economic projects.

It originated with the Asociación de Moradores del Conjunto Palmeiras (ASMOCONP, Association of Palmeiras Neighbors), created by community members, which then took charge of the urbanization of the Palmeiras neighborhood, creating all the infrastructure (drainage channels, paving of streets, squares, nurseries and other services) that did not exist at the time. However, in 1997, although the neighborhood was already urbanized, it still did not have the means to pay for the new services created, resulting in new debts and causing the exile of some of the neighborhood's residents to other favelas. To deal with this problem, ASMOCONP decided to focus on the economic development of the

⁴⁷ https://elpais.com/elpais/2020/07/13/alterconsumismo/1594631769_678700.html



Community, inaugurating Banco Palmas on January 20, 1998, as a strategy to address unemployment, creating local jobs and income opportunities for residents, making it the first community development bank in Brazil. Thus, Banco Palmas arose out of a need to organize neighborhood consumers and direct local consumption and production⁴⁸.

<https://www.institutobancopalmas.org/>

2) Banca Comunitaria Banesco (Venezuela): Banesco, a commercial bank in Venezuela, has implemented community banking initiatives to support local projects and small businesses. It works in partnership with communities to promote economic development⁴⁹.



<https://www.banesco.com/somos-banesco/>

But we also find examples of other models of **non-formal community collective economy**, where a group of people organize themselves voluntarily in order to solve their needs in a joint and solidary way. These groups are mainly made up of women who associate to self-manage a system of microcredit, savings, and mutual support. As the **Bankomunales**⁵⁰ Do they use the Community's own resources? There are experiences in different countries such as Argentina, the Dominican Republic, Colombia, Bolivia, Peru, Venezuela, and Haiti.

The **Bankomunal "Seguir Andando"** of the Asociación Civil Andar de Argentina: this small Argentinean organization, managed by people with disabilities, offers and facilitates loans to its members and shares and commits to what each member decides to undertake. It has become a space for meeting, debate, reflection, and learning, which facilitates citizen participation. Banko, its shares, and money are a vehicle that fosters the autonomy, confidence, and freedom of its members.

El flujo del dinero en el Bankomunal



48 FINANZAS ÉTICAS. El Banco Palmas en Brasil: moneda propia, economía solidaria y desarrollo local. <https://www.economiasolidaria.org/noticias/el-banco-palmas-en-brasil-moneda-propia-economia-solidaria-y-desarrollo-local/>

49 <https://www.banesco.com/somos-banesco/sala-de-prensa/notas-de-prensa/banca-comunitaria-banesco-presento-oferta-de-financiamiento-a-transportistas-de-la-gran-caracas/attachment/bancacomunitariabanesco-logo>.

50 FUNDEFIR, Fundación de Financiamiento Rural, y CAF, Banco de Desarrollo de América Latina. Lo que siempre quiso saber sobre los Bankomunales y nunca se atrevió a preguntar. 2021.



Photo provided by CONEXAOMUSAS in Brazil

A more informal example would be savings groups. A savings group is a self-managed group of 15 to 25 individual members of a community who meet regularly (weekly, biweekly, or monthly) to save their money in a safe space, access small loans, and obtain emergency insurance. They are called by different names, such as Grupos de Ahorro y Crédito (GACC), ROSCAS, TONTIN, cadeneta comunitaria, or as in the case of the Dominican Republic, which is popularly known as "San," where one person in the Community, usually a woman of great confidence for the rest of the Community, collects an agreed amount of money (about 500 or 1000 Dominican pesos monthly) from about 12 to 15 people, and each month one of the people participating in the "San" receives the total of the collection.

These are just a few examples, and it is important to note that the nature of community banks and other models of collective economy may vary according to the specific context of each region and Community.



7. CONCLUSION. Challenges and benefits of this approach

We close this journey by reflecting on the complexity of the development of the territorialization of policies aimed at social vulnerabilities in the territory linked to drugs, as well as on the potentialities and benefits of grounding this approach.

The challenges of the approach:

We face significant challenges, from scarce resources to cultural barriers; the undertaking is demanding. Below are some of the challenges outlined as key points to overcome:

- **Diversity of contexts and lack of a culture of prior diagnoses:**

La diversidad de contextos requiere un análisis profundo de dinámicas y conflictos comunitarios. La ausencia de una cultura arraigada de diagnósticos previos intensifica este desafío.

- **Political consensus on drug policies:**

It is necessary to establish a solid political consensus around drug policies; this consensus is not always easy and affects effectiveness and coherence in implementation. This requires political will and a change of outlook.

- **Challenges of inter-institutional work:**

Coordinating effectively among various entities, overcoming possible discrepancies, and ensuring harmonious collaboration. Sometimes, these are interministerial or interdepartmental problems. Overcoming fragmentation and promoting collaboration between different ministries or departments is essential to ensure holistic and coordinated approaches. Without forgetting the need and potential of the articulation of public institutions with civil society organizations.



- **Need to integrate strategies in a unified framework:**

Integrate national, regional, and local strategies dispersed in a unified framework that points towards articulated and complementary directions, eliminating fragmentation and ensuring coherence in interventions.

- **Investment in Community initiatives and the creation of formal and informal networks:**

To balance the need for sustainable financial resources with the enhancement of the uniqueness and authenticity of Community actions, which supports the adaptation of interventions to realities. Finding the balance between formal and informal processes in the creation of networks, maintaining the individuality and community essence, avoiding the standardization process, and avoiding the disappearance of community singularity, balancing standardization with diversity.

- **Sustainable public-social procurement:**

Ensure realistic cost and tariff structures, adequate professional ratios, and sustainable labor agreements to maintain effective services at the community level.

- **Spaces for dialogue and co-creation of policies:**

Establish technical tables or other spaces for dialogue to facilitate communication and collaboration between administrations, service providers, civil society, and community actors, including the same vulnerable population, promoting coordination and efficiency.

- **Development of a complementary and coordinated network:**

Implement a formal and non-formal, coordinated, and flexible complementary network based on trust. Where the network supports coordinated work, optimizing roles, and monitoring strategies.

- **Implement continuous assessment and quality assurance systems:**

Implement systems of continuous evaluation and quality assurance to improve the effectiveness of interventions, which not only take into account quantitative data but also rely on the subjective perceptions of people working from, with, and for the Community. And connect these evaluation systems at the community level with the evaluation systems at the general level, especially with the information handled by the national drug observatories.

- **Accessibility and adaptability of programs for women and LGBTIQ+ populations:**

Ensure accessibility and adaptability of programs for women and LGBTIQ+



populations, addressing specific needs and reducing access barriers.

- **Stigma and discrimination towards the target population:**

Overcoming stigma and discrimination faced by the target population is a priority so that it does not hinder access to services and community participation.

- **Political will:**

Lack of political will represents a significant obstacle. Addressing this gap requires a thorough exploration of its root causes, which may include budgetary constraints, the lack of prioritization of vulnerable populations at the community level, the invisibility of these groups, low availability of information, resistance to change entrenched policies or lack of awareness of the magnitude and urgency of the problems faced by populations in vulnerable situations. In addition, the absence of public pressure or strong citizen support can contribute to political reluctance to address these problems effectively. Decisive action is essential to guarantee rights and promote change.

In short, the challenges include finding the balance between formal policies and what already exists at the Community level through effective coordination between institutions that preserve the uniqueness of the Community. Political will is presented as a critical component in overcoming these challenges and moving towards more effective and community-centered initiatives. Addressing these challenges requires a collaborative approach and continuous adaptation of strategies, highlighting the importance of flexibility and coordination in the design and implementation of policies and programs.

The new challenges for a comprehensive approach involve working together: State, Community, civil society organizations, universities... in an interdisciplinary and intersectoral manner to generate actions that articulate actors, concepts, instruments, practices, and resources whose objective is to promote the improvement of the living conditions of people in situations of social suffering, their family groups and the communities they inhabit. Fostering long-term partnerships between the State and civil society.

What are the multiple benefits of this approach for society and government?

These difficulties are offset by the invaluable advantages of the approach. Resilience is born of collaboration, diversity, and active participation. While the path is challenging, empowered communities demonstrate that, by working together, they can overcome adversity and bring about sustainable change. In closing, we celebrate the lessons learned and prepare for new challenges with the certainty that policies covering drugs, territories, and social vulnerability are key to building a stronger and healthier future.



In this line, the community approach not only benefits the communities directly involved but also has positive impacts on the government itself.

- **Improvement of social indicators:** The community approach contributes to the improvement of social indicators, such as health, education, and the general welfare of the population. This, in turn, can lead to a healthier and more productive society. It also promotes productive inclusion and the development of a community economy.
- **Prevention of social problems:** By addressing social vulnerabilities at the grass-roots level, broader problems such as crime, substance abuse, and other social challenges can be prevented, and by doing so from a community perspective, which also looks at resources, it is possible to think about how to do it. This reduces the burden on government services dealing with these issues.
- **Community empowerment:** By actively involving people in decision-making, the social fabric and the capacity for self-management can be strengthened, which favors the empowerment of communities as citizen groups subject to rights. Empowered and resilient communities are less likely to rely heavily on government assistance in times of crisis. This can reduce the burden on emergency services and increase the self-management capacity of communities.
- **Assessment of existing resources:** Considering community resources and working with what exists means savings for governments, which can link up and strengthen the momentum of citizen movements seeking to cover institutional absences. In addition, preventing and addressing problems early in the Community saves government resources in the long run. The cost of no action is worse.
- **Long-term sustainability:** Engaging the Community in the process increases the likelihood that interventions will be sustainable in the long term, as they are rooted in local structures and dynamics. The commitment to scale up the community level to public policies from the communities themselves also guarantees sustainability and greater scope.
- **Citizen participation:** The active participation of the Community in the identification and understanding of its own vulnerabilities promotes awareness and a sense of responsibility within the Community. In turn, fostering active community participation can strengthen trust in government institutions. A more participatory community can collaborate more effectively with public institutions in the implementation of policies and programs.
- **Sustainable development:** Promoting sustainable development at the community level contributes to economic growth and overall well-being. This can have a positive impact on political stability.



- **International partnerships:** Adopting this approach aligned with international trends, in line with the 2030 Agenda, the principles of sustainable development, and citizen participation can improve global positioning and international partnerships.
- **Social innovation:** Community initiatives are often laboratories for social innovation. By supporting these initiatives, the public sector, in partnership with the Community, can develop innovative practices that can then be applied at a broader level.
- **Community epidemiology:** using local participatory diagnostics, more accurate and relevant data are provided, offering a number of significant benefits and providing a detailed and contextualized understanding of vulnerabilities and specific community needs. Local data generation facilitates the collection of data directly relevant to the Community, which in turn enriches the quality and applicability of interventions. This ensures that interventions are adapted to local realities. Facilitating more effective strategic planning by accurately identifying local challenges and resources. This makes it possible to allocate resources more efficiently and focus on areas that need priority attention. In addition, the development of these local diagnoses plays a crucial role in providing accurate and up-to-date data to national drug observatories. This allows governments to have a deeper understanding of the drug situation in their communities and formulate more effective policies.

In line with this reflection, we propose that governments and communities implement these recommendations, prioritizing public policies that cover drugs, territories, and social vulnerability and incorporate human rights dimensions, development, and gender equity.



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Asociación Cuenta Conmigo (Guatemala)
Asociación Movimiento de Jóvenes de la Calle (Guatemala)
Asociación Nacional Contra el Maltrato Infantil (Mexico)
Casa Abierta (Dominican Republic)
Centro Altamira (Guatemala)
Centro de Desarrollo Humano Tonalli (Mexico)
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Centro de Orientación e Investigación Integral COIN (Dominican Republic)
Centro de Reinserción Social y Laboral “Nueva Vida, Nuevas Oportunidades” (Honduras)
Centro Integral Socio Comunitario (Argentina)
Caribbean Drug & Alcohol Research Institute (Saint Lucia)
Caribbean Harm Reduction Coalition (Saint Lucia)
Colombian Dream (Colombia)
Corporación Caminos (Colombia)
Corporación ConSentidos (Colombia)
Corporación La Caleta (Chile)
Corporación Surgir (Colombia)
Corporación Teméride (Colombia)
Corporación Viviendo (Colombia)



Encare (Uruguay)
Familia Penitenciaria Unida (Costa Rica)
Federación Ayuda a la Drogadicción (Spain)
Fundación Convivir (Argentina)
Fundación Hogares Claret (Colombia)
Fundación Paréntesis (Chile)
Fundación Procrear (Colombia)
Fundación Renacimiento (Mexico)
Fundación Venezuela Libre de Drogas (Venezuela)
Grupo AdoleScER - Recife (Brazil)
Grupo Espírita Casa da Sopa (Brazil)
Hogar de la Esperanza (Costa Rica)
Iniciativa Comunitaria (Puerto Rico)
Instituto Barba Na Rúa (Brazil)
Instituto Empodera (Brazil)
Intercambios (Puerto Rico)
Intercambios Asociación Civil (Argentina)
ITTC (Brazil)
Juventud, Luz y Esperanza I.A.P. (Mexico)
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ANEXO: EXPERIENCIAS IDENTIFICADAS EN AMÉRICA LATINA Y CARIBE Y LA UNIÓN EUROPEA



1. **Argentina.** Intervention in consumption through the construction of networks. Convivir Foundation.
2. **Bahamas.** Assets Coming Together for Adolescents and Young Adult Health and Wellness (ACT NOW!) "Actúa ahora". Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Centre.
3. **Brazil.** Experiences of NuPop (Nucleus for Vulnerable Populations and Mental Health in Primary Care) and Colaboratório - Fiocruz Brasília. Ministry of Health.
4. **Brazil.** Conexao Musas. Empodera Institute.
5. **Brazil.** ECO² Centro de Escuta e Convivência. Grupo Espírita Casa da Sopa.
6. **Colombia.** Listening center for SDFs. Surgir Corporation. Collective of people who use drugs Yonquies Med.



7. **Colombia.** Dispositivo de reducción de riesgos y daños del barrio Sucre de Cali. Corporación Viviendo.

8. **Costa Rica.** Home of Hope.

9. **Costa Rica.** United Prison Family (FPU).

10. **Chile.** Protagonistic Participation of Children in territories conflicted by trafficking. La Caleta Corporation.

11. **Spain.** ATREV-T and ATREVI-2 PROGRAMME. Ethnic minorities, risk contexts, drugs, and creative socio-educational intervention. Area of Compensation of Inequalities in Education. Department of Education, Equality and Social Welfare. Regional Government of Andalusia.

12. **Spain.** Model of intervention for social transformation in ABD: comprehensive and intersectoral. Asociación Bienestar y Desarrollo (ABD).

13. **Guatemala.** Street Youth Movement (MOJOCA).

14. **Honduras.** Social and Professional Reinsertion Centre (CRSL) "Nueva Vida, Nuevas Oportunidades" (New Life, New Opportunities). Pastoral Penitenciaria de la Iglesia Católica.

15. **Jamaica.** TEK IT TO DEM Project. National Council On Drug Abuse (NCDA).

16. **Mexico.** Comprehensive Harm Reduction Services in Tijuana. PrevenCasa A.C.

17. **Peru.** Project: Espacio de acogida centro de escucha "El Jardín". CEPESJU (Centro de Estudios de Problemas Económicos y Sociales de la Juventud).

18. **Portugal.** Operational Plan for Integrated Responses (PORI). Institute for Addictive Behaviour and Dependencies (ICAD).

19. **Dominican Republic.** Principe Project (Community and Integrated Prevention and Innovation for HIV Exposed Populations). COIN (Centro de Orientación e Investigación Integral). Community Resilience Collective of people who use drugs: "Cámbiate la pinta".

20. **Trinidad y Tobago.** "StrongHER, SafeHER TogetHER", a social integration project through self-defense training for Venezuelan migrant women and local women. Security Training Academy (Academia de Entrenamiento en Seguridad, ASMA).

21. **Uruguay.** Community-based treatment, Aleros care system. Aleros Programme. National Drug Board/Presidency

22. **Uruguay.** Community-based model in contexts of social exclusion. Encare.



1

INTERVENTION IN CONSUMPTION THROUGH NETWORK BUILDING

Convivir Foundation (Argentina)

Brief description:

Fundación Convivir develops the project in the Rodrigo Bueno neighborhood, Costanera Sur, located in the Autonomous City of Buenos Aires (Argentina), a vulnerable and socially excluded area. The "Redes en la Comunidad" (Community Networks) team seeks to provide tools to improve the living conditions of the people living in the neighborhood, promoting active social inclusion through interdisciplinary work and constant communication with the different organizations in the area.

EXPERIENCE DESCRIPTION

CONTEXT AND BACKGROUND

The project is developed in the Rodrigo Bueno neighborhood, located in the Autonomous City of Buenos Aires, Argentina, where different challenges associated with the problematic consumption of psychoactive substances are faced and taking into account the essential role of a gender approach due to the other experiences lived by man and women. The project was born from a call to the Fundación Convivir by the Buenos Aires City Government General Directorate of Social Policies on Addictions, which was aware of the organization's expertise in a community-based approach. As a recently urbanized neighborhood suffering from social changes, it was considered a good scope for community intervention to address the consequences of problematic consumption.

Identified issues within the community: after the implementation of the mechanism in the area as a "Centro de primera escucha" or First Listening Centers, the team walked the streets informing about their work strategy and compiling the problems, shortcomings, and deficits of the neighborhood, including:

- Gender inequality regarding women's access to employment within the neighborhood.
- Women in socially vulnerable situations, which might lead to a higher risk of problematic consumption of substances.
- Stigmatization.



Intervention methodology:

Comprehensive assistance: healthcare services and psychological/social support (individually and in groups with training courses and workshops for the entire community) are provided. All parts were very participative at any time. Team members joined the neighborhood management boards to make their work known while participating in the activities and common solution searches. The neighborhood is organized and proactive.

Therefore, the team's work was highly accepted by the community despite lacking any mechanism for fighting against drug consumption and social suffering. It strengthened community networks, addressing and putting value on the different community stakeholders to optimize resources.

Population and environment characteristics:

The Rodrigo Bueno neighborhood target population is people of legal age who find themselves or are closely related to psychoactive substance consumption. They predominantly come from economically disadvantaged backgrounds characterized by low-income and substandard housing.

However, it is essential to highlight that the team deals with other emergencies apart from drug consumption, such as gender-based violence, disabilities, etc.

PROJECT OVERVIEW

1. OBJECTIVES:

The overall objective is to develop a comprehensive community mechanism to address substance abuse through a community-based treatment methodology.

Specific Objectives:

- Direct intervention in the open environment: educational interventions, accompaniment, referrals, intervention in consumption episodes, contact with people not linked to services.
- Territorial observation and analysis: localization, mapping, and monitoring of consumption areas, detection of needs, development of strategies and interventions, observation and detection of changes, fluctuations, and influential trends associated with problematic consumption.
- Health education aimed at reducing risk practices and behaviors (prevention).
- Detection of the population's needs, orientation, and referral to specific services.



2. PROCESSES AND MAIN ACTIONS CARRIED OUT:

The project is based on a community-centered approach and harm reduction in the context of problem substance use.

- **Street work:** the project is based on permanent actions of searching, welcoming, active listening, and participation in the daily life of the community, implying entertainment, non-formal education, etc.
- **Service Networks Implementation:** working with a community resources network through social stakeholders. Not to be confused with a *recurso* (instrument developed by the interdisciplinary teams in each territory where they identify existing resources): this implies working and strengthening the links with different stakeholders within the community to achieve a sustainable and strengthened network.
- **Prevention and risk reduction education:** health education is a critical element of the project. Scientific information adapted to the local needs is provided to raise awareness about the prevention and reduction of risks associated with substance consumption and sexual-reproductive health.
- **Network identification and strengthening:** new procedures to refer people to the appropriate service according to their needs and demands. These services are found in the community resources network, which includes external resources from community stakeholders and entities.
- **Psycho-social care:** emotional support initiatives at individual and group levels are provided. Their complexity varies according to the needs of individuals. This may include aid relationships, counseling, support groups, group therapy, etc.

3. TERRITORIALIZATION STRENGTHS:

- Theoretical base/methodology: **ECO² Model**. Community-based approach.
- **Clear geographical definition of the territory:** Barrio Rodrigo Bueno, Costanera Sur (located in the Autonomous City of Buenos Aires, Argentina).
- Meets the indicator of being a **community in a condition of high vulnerability related to drugs**, as described in the section "Characteristics of the population and the environment of that territory".
- **Strategies that facilitate access to all people:** First, a listening mechanism and low threshold of accessibility, which is located within the same community.
- **It is a bottom-up and top-down process** since the mechanism is built in its actions in, from, and with the community; the task is supervised, financed, and co-managed by a State Directorate of the City of Buenos Aires.



- **Representation of the community by its stakeholders:** Monthly work tables are held according to the subject matter and where the mechanism team actively participates. These are health, women, elderly, habitat, and environment.
- **Existence of a network:** The CCI (Centro de Cuidados Integrales) is made up of different social stakeholders of the community of Barrio Rodrigo Bueno such as health promoters, family doctors, resident doctors of gynecology and general medicine, social teams, grassroots social organizations such as La Garganta Poderosa, Comedor Comunitario, Bachillerato Popular, Club Social y Deportivo Rodrigo Bueno, representatives of political parties.





We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- As mentioned above, **practice or political initiatives are formally connected to other stakeholders, networks, services, or teams operating in the same community territory, etc.**
- **The team possesses a whole network reaching a minimum of 30 people within the territory:** activities within the community started to be organized in 2020. A network of 28 social stakeholders is active, and 30 community resources are available at the service network. Each of these resources is registered and systematized by the program TEIA Social (for more details about this system used by the RAIS network, please, go to page 12 of the present document).
- **The team enjoys a wide diversity of people with at least one member of the community of the vulnerable population (peer-operator) and professionals of the psycho-social disciplines:** the team is formed by a female coordinator (a social worker), a psychologist, a social worker and a peer operator, an inhabitant of the neighborhood. One of the members of the operative team was a colleague of the team (parcera) since she required family guidance and accompaniment due to issues related to the problematic use of substances. After this collaboration with her and her family unit, she was hired as a peer-operator of the team since she lives in the community and knows the issues that affect it. Moreover, she works as the Manager of the Sexual and Reproductive Health Counselor of the neighborhood and delivers/informs about contraceptive and barrier methods, informs about vaccination campaigns and STD transmission, and coordinates the Health Centers and pregnant patients requesting a voluntary interruption of pregnancy. <https://youtu.be/HrpNcA1SKiQ?si=Zy4CKyB2hNbdIFdR>
- Their action also focuses on **medical or psychological care [from a public health perspective]**. Emotional support actions are provided at both individual and group levels, varying in complexity according to people's needs. This may include counseling, support groups, group therapy, among others.

4. ASSESSMENT AND FOLLOW-UP SYSTEMS:

Some data **collection methods** are participant observation, follow-up, and monitoring of the actions with their respective tools.

We can find the following **indicators**:

- Vulnerability reduction indicators: education, healthcare, hygiene, nutrition, personal safety, family relationships, law issues, work and occupation, and social relations (personal network).



- Network indicators: concerning the visualization of changing processes within the life conditions of a community, network studies (such as the breadth, density, intermediation, and centrality of personal and community networks) will be used.

The TEIA System will be used for the registration (for more information about the RAISSS network, see page 12) and Onodo.org for graphing operative networks and parceros).

5. OUTCOME

Success and learning factors & keys:

An important characteristic that we highlight in this experience is the sustainability of the project, which has been running for three years in the same territory, and that the co-management favors this with a Direction of Social Policies on Addictions of the Government of the City of Buenos Aires, which allows financing and external supervisions. This makes it possible to articulate processes and work based on the visible emergencies from the linking and relational work with the networks and all the potential social stakeholders of that community.

Another positive result is that they have been recognized as a health team and have been provided with a physical space within the Integral Care Center that was inaugurated in the neighborhood and depends on the Health area of the Government of the City of Buenos Aires. As an inter-ministerial initiative and strategically, the work of the community mechanism was chosen to be part of the integral health work in the neighborhood.

ADDITIONAL INFORMATION

It is essential to emphasize that the mechanism is located within the community, with a low threshold of access and first listening. And that part of the intervening team comprises people who live in the same community to provide meaning, history, and links to the proposed work. This allows for a sense of identity and belonging, promoting actions from the bottom up.

FURTHER INFORMATION

1.- Website:

<https://convivir.org/programas/barrio-rodrigo-bueno-22/>
<https://youtu.be/HrpNcA1SKiQ?si=Zy4CKyB2hNbdIFdR>

2.- Contact person:

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2

ASSETS COMING TOGETHER FOR ADOLESCENTS' AND YOUNG ADULT'S HEALTH AND WELLNESS (ACT NOW!)

Bahamas National Anti-drug Secretariat / Sandilands Rehabilitation Center (Bahamas)

Brief description:

The ACT NOW! proposal is being developed in New Providence and Abaco (Bahamas) by the Bahamas National Anti-drug Secretariat and the Sandilands Rehabilitation Center. It is a comprehensive, multi-system, multi-strategy program that utilizes multiple strategies, including youth engagement and influencer training, information provision, life skills development, creating alternatives, and political influence. Using the "Unda da Tree" mentality, this program aims to bring prevention and intervention services to the local community by encouraging community leaders to participate in planning, developing, implementing, and evaluating ACT NOW programs and strategies.

The Bahamas government is currently in the process of community mapping and diagnosis, going step by step with the community to develop a program that seeks to reduce youth involvement in problematic behaviors and substance abuse appropriate to the needs of the territories.

EXPERIENCE DESCRIPTION

CONTEXT AND BACKGROUND

ACT NOW!!! It is a prevention initiative based on the [CADCA](#) methodology approach, based on the creation of community coalitions aimed at multiple systems, involving people from critical sectors, such as schools, police, youth, parents, health care, and promoting the positive development of young people through the prevention of substance use and associated problem behaviors.

Act Now! is a community-based initiative that will use the prevention operating system, guided theoretically by the Social Development Model, and will employ a public health approach to prevention designed to increase community collaboration, communication, and ownership of community problems.

The Bahamas government is currently in rapid analysis and mapping, with the accompaniment of the COPOLAD III Working Group on Addressing Drug-Related Development Vulnerabilities in the Territory, participating in training, working sessions, and



supervisions. With the support of COPOLAD, they are advancing in the implementation of a pilot project in two Bahamian communities of high vulnerability: one is the community of Fox Hill, located in the capital of the main island: New Providence; the other is in a chain of islands: Abaco, an area that was one of the most affected by Hurricane Dorian in 2019¹.

These two territories were selected based on data from research and surveys on drug use conducted by the Bahamian government in recent years in the different communities². They identified marginalized areas, areas where people live in conditions of exclusion and poverty, where drug use is relatively high. So, in the Fox Hill community, in particular, the schools in the area reported that there were many minors drinking alcohol and dealing drugs; there is also a lot of gang activity in that area, as well as a large number of migrant population.

Using the mentality "Unda da Tree" (under the tree), they want to express that community gathering place, where people hang out under the shade of the tree, congregate and share, and consume substances; sometimes, there is criminal activity... It is the heart of the community. Thus, the intention is to approach the tree, get to know the community and bring services there.

The innovative approach of this proposal is intended to be achieved through the introduction of public policy innovations, incorporating multi-sectoral collaboration and public-private partnership to address inequalities in access to health and social care in communities of high drug-related vulnerability, through the territorialization of services within communities, including housing, work and education initiatives (including e-services).

About the population and the environment:

As mentioned above, the project is being implemented in two different locations with different realities:

- Abaco, the region with the most migrant people, is an island chain that belongs to an archipelago. Its geographical reality not only hinders access to services but also facilitates micro-trafficking.
- Nueva Providencia is the second location and capital of the main island (Fox Hill community).

These two territorial contexts have been selected because of their higher vulnerability, institutional breakdown, escalating crime and violence, loss of key services, and declining the rule of law and social order.

The target population that is expected to be reached is socially vulnerable groups (adolescents, women, elderly, disabled people), underserved populations, and ethnic minorities in communities geographically isolated from the Ábaco islands chain and the Fox Hill community.

1 Different entities and NGOs have intervened since then. We can highlight the research and contribution of Project HOPE in Ábaco after Dorian Hurricane: <https://www.projecthope.org/country/the-bahamas/>

2 Bahamas Steps Survey: a survey on noncommunicable diseases (NCD) risk factors. Bahamas. 2019. <https://original-ufdc.uflib.ufl.edu/AA00083290/00001>



PROJECT OVERVIEW

1. OBJECTIVES:

It is important to highlight that the work is **in progress**, and therefore, some of the Objectives still need to be reached, according to the last mapping outcomes. Two kinds of Objectives can be distinguished:

Overall objectives: Improving health conditions and social development of populations in vulnerable situations within high-risk communities (focusing on issues related to drugs) in the Ábaco island chain and Fox Hill.

- 1) Preventing and reducing the harmful use of substances among populations at risk of vulnerability.
- 2) Supporting social inclusion of people affected by poverty, housing shortage, drug consumption, stigmatization, discrimination, and human rights violations. A gender-based approach will be applied.
- 3) Developing the community's capacities using an environmental prevention approach in line with the sustainable development Objectives.

Specific Objectives: Objectives that might need to be adjusted according to the mapping outcome:

- 1) Using public awareness campaigns through traditional prevention strategies.
- 2) Strengthening the ties with the existing services, taking them to remote areas.
- 3) Community activities such as sports and cultural and artistic events.

2. MAIN ACTIONS/PROCESSES CARRIED OUT

At the time of data collection for this guide, a Rapid Situation Analysis and mapping of community resources is being conducted to identify needs, available resources, past/current interventions, and their outcomes to prioritize needs and be able to specify future actions.

Consultation with policy and decision-makers will be crucial to inform them of the issues on the ground and make recommendations for policy development and reform in support of strategic plans, programs, and interventions.

The [CADCA](#) methodology is used at the beginning of the proposal. As a result, the main focus consists of creating a community coalition but also of carrying out a previous assessment of the needs. New information was obtained during the community map elaboration process while entering the community and contacting the key stakeholders. Firstly, micro-trafficking or underage drug consumption was considered the main issue.



However, different information has been obtained thanks to this dialogue with the community: different priorities have been identified, which led to the reconsideration of the first rough assumptions after approaching the community.

Nowadays, this community mapping is still being perfected following the Community Treatment Approach - ECO² to better assess the necessities, identify the stakeholders, and give them a voice. From this point, the adequate intervention for the territory will be chosen. The main stakeholders' mapping has been finished, and further on, the adolescents and school-aged children mapping will be started to give voice to 5th and 6th-grade children. Later, we will continue with secondary school (7th-9th grade). We value listening to the youth since they know their community, have been raised there, their parents live there, and have a different vision of the community. Since the project is being carried out in two locations, the difficulty in terms of application and mapping is more challenging.

There are two information levels: one received from the community leaders, the healthcare networks, and other social services, which allow us to know what happens on the ground from their point of view, and the other received directly from the community members, through interviews, tours, and smaller discussion groups.

It is considered a priority for the community mapping to be completely concluded before considering the key interventions and listening to the community members without any rough assumptions. This mapping will provide a picture of what they see as the issues and also allow the identification and connection with other resources and individuals in the community. Thus, as progress is made in creating a community network.

It is foreseen that qualitative data will be obtained. Thanks to the collaboration of the Ministry of Healthcare, these data will be organized and synthesized to identify the potential problems and resources. Moreover, the community will help to prioritize and determine the physical area.

3. TERRITORIALIZATION'S MAIN IDEAS

- **The methodology or theoretical** base behind the plan will be based on CADCA and ECO². The theoretical basis would be a social and ecological approach, less about the neocolonial approach to social inclusion and more about positive psychology through the empowerment of people within an environmental prevention approach.
- **The territory is clearly defined geographically:** the project is carried out in Nueva Providencia and Ábaco (Bahamas). The community complies with the **high drug-related vulnerability community condition**, according to the paragraph "About the population and environment" of the present guide.
- **Facilitating access to services:** there are some services in the Bahamas, but they are hard to reach, especially in Ábaco, due to its remoteness and the geographical disposition of the islands. Therefore, better links among the existing services must be created. E.g., pop-up clinics within the farming communities living in remote areas.



- The initiative **starts from the top down and works its way from the bottom up**, working horizontally in between, building capacity in these local communities and ensuring that the community is part of the process, including involving young people in prevention efforts. In turn, generating commitments at the political level.
- The **gender perspective** is included in the proposal. Apart from ensuring that team members represent all genders, there is representation so that not only women or men dominate but also that other voices, such as the LGBTQI+ community, are heard.



ABACO Bahamas Clinica Comunitaria Sandy Point



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Prevention/community organization activities** [a social integration perspective]. The initiative aims to prevent and reduce the harmful use of substances by vulnerable populations and develop community capacities, using an environmental prevention approach in line with the sustainable development Objectives.
- **Community members participate in defining the policies and proposed actions.** We work with and from the community. The Community Treatment Approach is being used for the mapping. Thus, the community as a whole participated in the decision-making process, the action design, the execution, and the plan.
- **Policies and actions focusing on service networks:** the network is being built and strengthened to build and strengthen community coalition and later expand to other communities and obtain more information. This network is expected to include community human resources, public healthcare clinics belonging to the Ministry of Healthcare and the Public Health Department, the Sandilands Rehabilitation Center mental health staff, social services of the archipelago, social workers, and opinion leaders of the community, among other key stakeholders and existing services.
- **Intersectionality** [participation in different areas related to the drug's public policy]. It incorporates the collaboration of many areas and the public-private partnership to address the inequality in access to healthcare and social support of highly vulnerable communities due to drug consumption, including initiatives in matters such as housing, employment, and education.

4. EXPECTED OUTCOME

- **Short term:** addressing the territorialization project in vulnerable communities in Ábaco and Fox Hill: initiatives and programs based on the evidence.
- **Mid-term:** accept territorialization at both local and national levels, political reform focusing on intersectionality, integration of the Action Plan in the National Strategy on Drugs framework, and budget allocation to support the initiative.
- **Long-term:** introduction of a legislative framework to support the policies and sustainability of the territorialization efforts within the pilot communities; repeating the process in other populations and communities; synergies with other political efforts and reducing micro-trafficking.



The output that is considered to be needed with the support of COPOLAD:

1. Situation quick analysis tools.
2. Resources mapping tools.
3. Follow-up and assessment tools.
4. Guidelines/manuals/protocols for policy development.

ADDITIONAL INFORMATION

The Ministry of Healthcare will turn territorialization into one of the main cornerstones of the healthcare plan for the coming years. Territorialization will be included in next year's list in terms of drug programs and interventions. Therefore, this view of the territory has an impact on political decisions.

This generates two big consequences: axiom sustainability and enhancement of its scope, reaching the national level thanks to the Ministry of Healthcare.

FURTHER INFORMATION

1.- Website:

<https://www.bahamas.gov.bs/nads>

2.- Contact person:

Dra Novia T. Carter- directora Bahamas National Drug Council

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Rochele Basden - coordinadora Sandilands Rehabilitation Centre

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ABACO Bahamas Coopers Town Community Clinic during a visit by the visiting Nassau Mental Health team, accompanied by the local Health team.



3

NUPOP AND COLABORATÓRIO EXPERIENCES - FIOCRUZ BRASÍLIA Nucleus for Populations in Vulnerable Situations and Mental Health in Primary Care

Ministry of Healthcare. National Pop Rua (Brazil)

Brief description:

Created from the Nucleus of Populations in Situations of Vulnerability and Mental Health in Basic Care (NuPop Fiocruz Brasilia), it has operated since 2017 in teaching, research, and extension, with thematic lines focused on mental health in Basic Care and public policies for populations in situations of vulnerability. The central populations with which NuPop works are people in street situations and those in vulnerable territories.

EXPERIENCE DESCRIPTION

CONTEXT AND BACKGROUND

The phenomenon of homelessness has experienced exponential growth in Brazil and the world. In 2022, the Catastro Único para Programas Sociais (CadÚnico, Land Registry for social housing) registered 236,400 people (1 in every thousand) living on the streets. However, this figure is reported to be lower than the reality according to civil society entities and the Movimento Nacional Pop Rua. The estimate of the Instituto de Pesquisa Aplicada (IPEA), a federal public foundation linked to the Ministry of Economy, indicates the existence of 281,472 homeless people in Brazil, according to data released in December 2022.

In 2022, the Frente Parlamentar em Defesa da População de Rua (Parliamentary Front in Defense of the Street Population) submitted a request to NuPop for the creation and implementation of actions aimed at the Homeless Population (PSR, by its Portuguese acronym População em Situação de Rua, SDF in English, standing for sans-domicile fixe, with no permanent residence), based on a set of demands from social movements that represent and work with the SDF. Based on this request, NuPop, through the Oswaldo Cruz Foundation (Fiocruz Brasília, linked to the Ministry of Health), in partnership with the National Movement Pop Rua (MNPR, formed by people who have been homeless and are currently fighting for the implementation and guarantee of rights of the SDF at the national level), the Luis Gama Human Rights Clinic (CDHLG, a research and extension group of the Law School of the University of São Paulo), and the Human Rights Observatory (ODH, an agency of the Diretoria Executiva de Direitos Humanos (DeDH) of the State University of Campinas), joined forces to address this issue.



They currently have 8 active agendas across the Brazilian territory:

- 1) PRIMARY CARE PRACTICE COMMUNITY FOR HOMELESS PEOPLE: creating and implementing a primary care practice community for homeless people during the covid-19 pandemic at the national level, developing an online repository of solutions and practices managing effective support policies for homeless people.
- 2) CLINICAL-INSTITUTIONAL SUPERVISION FOR HEALTH TEAMS AS A TRAINING EXPERIENCE: To qualify the work process of the Street Clinics (eCR - multi-professional teams that develop comprehensive health actions to meet the needs of the homeless population) and of the local network in working with this population.
- 3) TRAÇOS MAGAZINE - WORK AND INCOME AS TOOLS FOR AUTONOMY BUILDING: To build an autonomy assessment tool for people in situations of extreme vulnerability, with specificities in the field of work and income.
- 4) PSICUIDADOS - A STRATEGY FOR REMOTE PSYCHOSOCIAL CARE, IN THE CONTEXT OF THE UNIQUE HEALTH SYSTEM (SUS): To offer a set of actions in the field of Mental Health and Psychosocial Care for the population and workers of Goiás/GO.
- 5) INTERINSTITUTIONAL ACTION PLAN FOR THE CARE OF THE STREET POPULATION IN THE FEDERAL DISTRICT (DF): To build a set of articulated actions between the sectors of Health, Social Assistance, and Civil Society, establishing offers and responsibilities of the industries and services involved, providing care and protection to the street population, and qualifying the residents of Fiocruz Brasília in the work with this population.
- 6) PROGRAM TO QUALIFY PUBLIC SAFETY STAKEHOLDERS FOR ADDRESSING PEOPLE IN VULNERABLE SITUATIONS AND WITH PROBLEMS RELATED TO ALCOHOL AND OTHER DRUGS: To build competencies and resources for public safety agents in addressing people in vulnerable social situations and with problems related to alcohol and other drugs.
- 7) PERMANENT EDUCATION IN HEALTH - AN AGENDA IN FAVOR OF IMPROVING ACCESS TO THE POPULATION IN VULNERABLE SITUATIONS IN THE FEDERAL DISTRICT (DF):
 - a) Promote Permanent Health Education actions to qualify the APS DF (Primary Health Care) in attention and care from the equity perspective.
 - b) Promote a research agenda with the most vulnerable populations of the DF on their main epidemiological characteristics.
- 8) NATIONAL COLLABORATORY POP RUA: To build and operate strategies for monitoring specific public policies for the street population - SDF (at the national and regional level). Qualify people with street trajectories in the political sphere (social participation) and social movements that work with the SDF. Promote and support strategies for qualification services and teams working with SDF.



PROJECT OVERVIEW

1. OBJECTIVES:

Main objective: We are building follow-up strategies for the specific public policies for homeless people (SDF) and supporting the services and team capacitation in the cities where the project operates.

Specific Objectives:

1. We are building and operating follow-up strategies for specific public policies for homeless people, both at national and regional levels.
2. Capacitating people who have experienced homelessness in politics (social participation) and in social movements that work with SDF.
3. To foster and support training strategies for the services and teams working with SDF.

2. MAIN PROCESSES/ACTIONS CARRIED OUT:

The collaboratory is currently composed of **14 Polos descentralizados** (decentralized working groups on the territory) present in different States of Brazil: Brasilia, Rio de Janeiro, Sao Paulo, Bahia, Parana, Manaus, Natal, Recife, Belo Horizonte, Porto Alegre, Belen, Rio Branco, Maceio, and Blumenau. These polos carry out different actions, including the approach to places where SDF live and specialized reference centers for SDF (Pop Centers), street clinics, shelters, basic healthcare units, psycho-social centers, etc. The polos are also linked to spaces where SDF participate, such as local discussion forums on public policies about SDF in the framework of the ombudsman's office and public prosecutor's office. Through listening to SDF and social workers, claims for new rights are mapped. The polos are also in charge of coordinating with the rights guaranteeing bodies to comply with the SDF demands and contributing to their rights. Furthermore, they follow up on the SDF public policies at the local level and train teams and services working with the SDF.

The National School of SDF (an itinerant school at the national level) is in charge of capacitating entities, civil society representatives, educational and research institutions, and state entities regarding issues related to SDF. Workshops with and for SDF are organized in States with a polo to boost the fight for guaranteeing SDF rights: training processes include training, courses, workshops, talks, etc, in political education areas.



3. STRONG TERRITORIALIZATION POINTS:

- Being a street population, it is a community in a condition of **high vulnerability related to drugs**, as described in the section "Population and environment characteristics."
- **Methodology or Theoretical Basis:** The Pop Rua National Collaboratory is based on four instances for the effective execution of the objectives described in Axes 1 and 2: (1) Management Collegiate; (2) *Polos Descentralizados Volantes*; (3) Research Group; and (4) National School for the Street Population. Each instance includes the participation of a person from the National Pop Rua Movement (MNPR) with a street background, making this Collaboratory **the first project at the national level that incorporates people with street backgrounds in all its areas of action.**
- **Access Facilitating Strategies:** The teams of the decentralized poles approach the services that work with the homeless population, gathering information on the work processes in the territory. Subsequently, the polos conduct workshops based on the demands identified in the services designed to improve the territory. The National Pop Rua School invites the homeless population of the territory to participate in face-to-face workshops held throughout Brazil.
- **Actions to Promote Gender Equality and Sustainable Development:** NuPop and the Colaboratorio are predominantly composed of women, ensuring that management practices are aligned with the values defended by the project. The teams of the Poles and the School are always attentive to organizing and promoting actions that consider participation from the perspective of gender plurality. Within the scope of the Sustainable Development Objectives (SDGs), the polos and the School address the issue of the right to the city, exploring the relationship between the homeless population and the public authorities by promoting collective spaces for debate on the subject.
- All the actions of the Colaboratorio involve the **participation of social movements and are negotiated with them locally and nationally.** Each action proposed by the polos or by the Pop Rua National School is built and implemented based on the local reality by listening carefully to the professionals and the population.





We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Community members participate in the definition of the proposed policy and practice:** the representation of the street population in the Collaboratory is achieved through the presence of a person from the National Pop Rua Movement (MNPR) with a street background.

Composition of the Team:

- **Managing member:** 1 advisor, 1 representative of the MNPR, 1 representative of the CDHLG (Human Rights Clinic Luis Gama), 1 representative of Nupop/Friocruz Brasília.
- **Polos descentralizados:** composition of each polo: 1 coordinator experienced in managing actions for SDF, 1 technical professional (attorney, social assistant, or psychologist), and a representative of MNPR as a territory facilitator.
- **Research group:** 1 Researcher with research experience, 1 Representative of the Movimento Nacional Pop Rua (MNPR), 1 Research Assistant.
- **National School for SDF:** coordinator experience in actions for SDF, experienced teacher in actions for SDF, representative of MNPR as a facilitator.
- It is centered on a **system of services** (health, food, school) that collaborate in a network with co-responsibility between government, civil society, and university.
- **There is a process evaluation mechanism** that is carried out through the Collegiate Manager, which has the participation of Fiocruz Brasília, Clínica Luís Gama, and the National Pop Rua Movement and **arises from a diagnosis established before the development of the policy**, thanks to the data provided by the Cadastro Único para Programas Sociais (CadÚnico).
- As described in the context, **the practice, initiative or policy is part of a policy that explicitly provides for a territorial approach** to the homeless population and Health policies. Since 2009, the National Policy for the Homeless Population (PNPSR), established by Decree No. 7.053 of December 23, 2009, has been in force in Brazil³.

4. FOLLOW-UP SYSTEMS AND ASSESSMENT:

The follow-up and monitoring of the MNPR Collaboratory are performed by the managing member, who collaborates with Friocruz Brasília, Luís Gama Clinic, and the MNPR.

³ https://www.gov.br/mdh/pt-br/navegue-por-temas/populacao-em-situacao-de-rua/publicacoes/relat_pop_ua_digital.pdf



5. OUTCOME

- Development of political training activities for social movements and civil society in Sao Paulo, Curitiba, Salvador, and Distrito Federal.
- Good practices mapping to boost the experience exchange among services at the national level: identification of good practices to promote such a change.

INFORMACIONES ADICIONALES

The first in-person workshop of the National Pop Rua Collaboratory took place on the 18th of December, 2023. It was streamed online through the Fiocruz Brasília [canal Youtube](#) to present all the actions performed in the Collaboratory and Escuela Nacional Pop Rua instances.

In 2024, there will be a training program for the National School of Pop Rua, where the National Pop Rua Movement will offer a knowledge exchange to the National School. Subsequently, the National School will continue its training programs throughout Brazil, where it will also offer training for the MNPR, focusing on representation in Councils (spaces for voice and decision-making).

FURTHER INFORMATION

1.- Website:

<https://www.fiocruzbrasil.com.br/programas-projetos/nupop/>

<https://www.youtube.com/@FIOCRUZBrasiliaoficial>

2.- Contact person:

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4

CONEXAO MUSAS

Instituto Empodera (Brasil)

Brief description:

Conexão Musas is an accelerator of talent and feminine welcome, which develops women's collectives and communities through **Community Treatment and Creative Circular Economy** processes. They are women of different resources and talents that, through processes and projects, are strengthened by valuing their human, economic, and social resources. The Empodera Institute develops the initiative in different locations in Brazil.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

It began in 2016 with work in Cracolândia (a popular name for an area of the city of São Paulo with a population of homeless people, mostly with problematic use of crack) for Community Treatment training through street activities with women for bonding and listening. The women wanted to sew and make handicrafts; the Church offered the space, and together, they could develop products and protect themselves. The idea developed, and Empodera organized new women's collectives in other localities to support the organization of "woman-to-woman" activities.

Population and environmental characteristics

It currently targets women from different indigenous villages; *cartoneiras* (cardboard collectors in the street), garbage and aluminum recycling collectors in the street; female heads of households in vulnerable situations; women who are drug or alcohol consumers and/or have sons or daughters in a situation of substance use, and also their consumer environment; LGBTIQ+ women from Cracolândia and contexts of greater vulnerability.

It always acts in contexts of vulnerability, including urban settlements in occupied territories, areas of high consumption and sale of drugs, and high levels of poverty and exclusion.



PROJECT OVERVIEW

1. OBJECTIVES:

The overall objective of Musas Connection: Musas's main objective is community development, integration, economic autonomy, and reduction of vulnerabilities in their communities. Thus, it connects women, strengthening their talents and skills, care and well-being, and personal development.

Specific Objectives: Musas proposes to (i) Facilitate the recognition of talents, resources, experiences, and potentialities in the construction of identity and individual purposes; (ii) Promote through alliances empowerment, community social technologies, and leadership; (iii) Disseminate technical and practical knowledge through territorial programs such as community researchers.

2. MAIN PROCESSES/ACTIONS CARRIED OUT

To optimize efforts among them and enable mutual support in the process of promoting care, production, and sales spaces, Musas develops networking, supports micro-initiatives, values the connection between women so that they recognize their talents and skills, and activates their creativity and ability to solve problems.

It develops different fronts:

A. Research and Community Promotion: This program aims to train women from communities in vulnerable situations to monitor individuals with a substance use disorder in their communities and investigate community demands and resources to promote the confrontation of vulnerabilities, micro-trafficking, and their economic inclusion. The women are guardians of each community and do their mapping, generating information about the community and its vulnerable population. They contribute concretely to the overcoming of demands from the available resources from a community network perspective. The communities where the Muses live are monitored from this network perspective.





B. Spaces of Care: Intending to value and preserve local knowledge and skills and strengthen individual and collective identity in a movement of care and resistance to violence caused by drug and alcohol consumption, vulnerabilities, and micro-trafficking in the territories, the work of Musas is also to create spaces within the communities, in alliance with allied organizations and collectives, to guarantee a physical space that is a home that welcomes (albeit for hours) women who live situations of violence in its various forms.

They are spaces that welcome women's desires and expectations, ensuring the space's identity according to the local culture and valuing their skills. The aim is to create a culture of care among peers and women's circles for dialogue, relaxation, and exchange of experiences for autonomy and life. It is also intended that women begin to collaborate with each other in the care economy, i.e., in activities of daily living and management with dependents such as child and elderly care, or daily logistics between school, medical and socio-emotional care.

C. Economic independence

- 1. Creative immersion - co-creation experience:** Spaces for women to meet and connect every six months to facilitate a process in which they can recognize who they are and their talents and activate self-knowledge. From these meetings are born training so that they can develop products with artistic creation and expression. They also promote opportunities for people to be together and develop their creativity: interact, be together, exchange, and produce (not scale production). In the same immersion, women can live the processes of sensitization, skills training, and production.
- 2. Musa's training process:** Conexão Musas has a practical and active methodology to work with women in situations of vulnerability whose difference lies in working from the talents and power of women and the participation of women as facilitators of their peers. The whole process is collaborative. As a result of the training, higher income opportunities for female facilitators are reached; moreover, there is a change in the vision of the institutions concerning women and an increased capacity of the Institutions to work with diversity.
- 3. Musa projects:** the Musas women's groups produce fashion items for personal use and decoration based on sustainability principles. The difference is that it is developed from a creative process and composition of skills, reuse of materials and, application of manual techniques. The collectives also work with biological construction and carpentry.
- 4. Conexão Musas Shop:** Collaborative store where handicraft products made by the women participating in the project are sold. It is managed and operated by the women and supervised by the institute's team. The maintenance costs of the store are shared equally between the participating women and the Institute.
- 5. Musa's club:** An "Exchange System" of skills and dedication time (for life) for Musa's services or products. In this way, the Musa women's collective has a reward system, valuing talents and skills. The idea is to think horizontally, valuing



different talents, uniting women through their stories and skills, and finally, the value associated with the time and skills dedicated. The result of this work is the feeling of belonging to a support network, optimization of resources, support for the development of talent, and the generation of greater opportunities from network connections.



6. Community challenge: the challenge is a gymkhana that aims to:

- Move step by step towards the maintenance of women's networks to protect internal relationships or processes of productive and economic inclusion (access to documents, opening a bank account, advice on regulations such as small handicraft businesses and others, income-generating activities).
- Create products that can support women's economic inclusion through their membership in the Club das Músas.

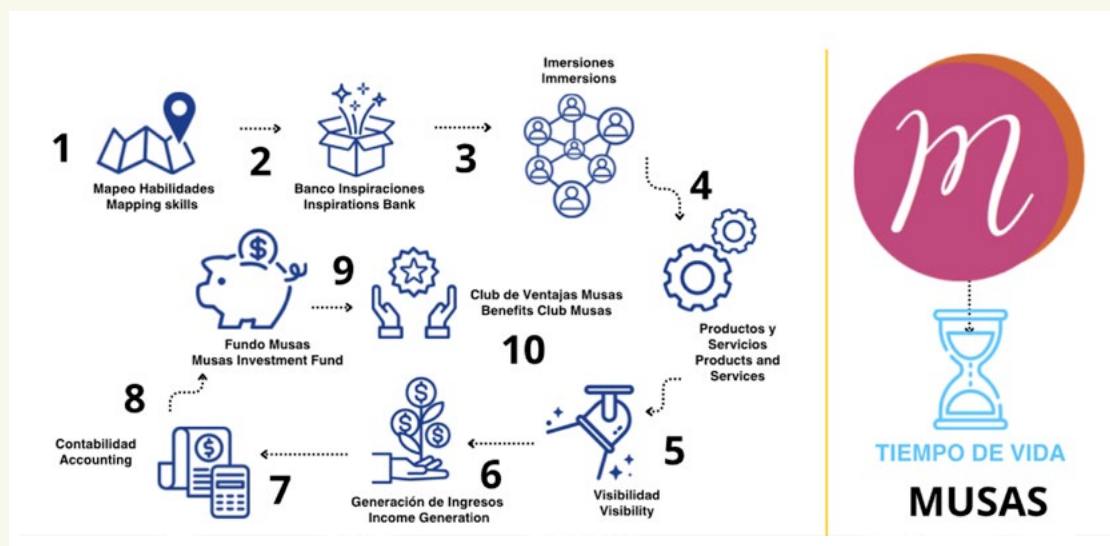
7. Banco de talentos: a database gathering members of Club das Músas and their talents, skills, and connection potentials, giving visibility to their skills and generating opportunities to apply them effectively.



3. STRONG POINTS OF TERRITORIALIZATION:

- **Methodology or theoretical basis:** ECO² Model. Community-based approach.

It has a methodology that values networking, makes existing resources visible, and generates the installed capacity of women to have an impact on more women.



- It values **women's protagonism in their communities and their knowledge** of their problems and resources.
- It acts as a **club** that is an "Exchange System" of skills and time of dedication (for life) for the services or products of Musas, with the proposal of local development, collective action in the network, articulation of women, and economical solution in the territory.
- **Bottom-up process.** However, it articulates with other organizations for training.
- Develop programs to improve housing support among them and for them.





We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Gender equity:** allows women to learn a trade or skill, which will enable them to reduce the gender gap.
- The team is **trained and sensitive to gender**, rights, vulnerabilities, and territorialization.
- **Identification and inclusion of resources in the community:** the mapping carried out, as a diagnosis of vulnerabilities and resources, identified and incorporated existing resources into the initiative. For example, the strength of indigenous women is handicrafts. Therefore, this work is encouraged.
- **There is an operational network composed of people who belong to the territory or the community.** Community networks favor the exchange of knowledge between communities. Indigenous women teach their knowledge of handicraft manufacturing to other urban women, and this allows for mutual enrichment.
- **The community or territory is clearly defined from a geographical or virtual point of view and communication structure.** They are always collectives in contexts of vulnerability, including urban settlements in occupied territories, areas of high drug consumption and sales, and high levels of poverty and exclusion.
- **Sustainable development.** They practice a creative and collaborative economy.

4. FOLLOW-UP AND ASSESSMENT SYSTEMS:

For individual follow-up, the TEIA social system is used (explained on page 29 of this guide as the system employed by the RAISSS network). Monitoring is also carried out by the Clube Musas and the Talent Bank, as well as the characteristics of the safe spaces promoted by women in the collectives.

The offices and acceleration projects are evaluated using specific reports and indicators (participation in offices, fairs, and courses; techniques and products developed; the number of women trained; the number of women multipliers, etc.) according to the Objectives presented. The Musas store is evaluated using financial indicators (monthly sales value and product types).

Diagnostics are carried out to identify resources and opportunities.



5. OUTCOMES

Biannual exchanges between women: 2-3 day events are promoted so that they can meet and visit other territories and, in this way, learn about the reality of other women. The outcomes of this activity aim to inspire and expand the network, organize themselves, and support each other.

The impact on the women: It changes the women's mentality by recognizing themselves as people with potential and possibilities; they learn skills and techniques, new products for marketing, and income generation.

Keys to success and lessons learned: Learning the value of working in the territory. It is a paradigm shift.

FURTHER INFORMATION

1.- Website:

<https://www.institutoempodera.org.br/>

<https://www.youtube.com/@InstitutoEmpoderaBrasil/videos>

Videos:

<https://youtu.be/xuXmXnOQFzA>

<http://bit.ly/minidocjocepara>

<https://bit.ly/historiaindigenas>

<http://bit.ly/historiaalinejo>

<http://bit.ly/historiamariadasdores>

<http://bit.ly/fashionfilmmusas>

<http://bit.ly/desfilemusas>

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5

ECO² CENTRO DE ESCUTA E CONVIVÊNCIA (LISTENING CENTER)

Grupo Espírita Casa da Sopa (Brazil)

Brief description:

The Grupo Espírita Casa da Sopa in Fortaleza - Ceará (Brazil) developed the initiative. It is a Listening Center and community intervention focused on homeless people, problematic drug use, and severe social exclusion through community bonding processes, with harm and risk reduction actions, such as offering bathrooms, clean clothes, and food, listening and crisis management, creating bonding and relationship of trust (therapeutic alliance), and continuing broader processes of care and pact to overcome and improve conditions of vulnerability, such as access to health and specialized treatments, therapeutic circles, education, occupation and work.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

Intervention in street contexts occurred in mid-1995 when the institution was consolidated. The context was one of total absence of public policies and significant demand for people in street situations, with a significant number of children and young people in contexts of problematic substance use. The organization was founded from the perspective of community participation, being the first organization in Fortaleza to offer an open space for coexistence and harm reduction processes. To carry out interventions in health, rights, and work, subjective network relationships are experienced. On that occasion, given the lack of information on this social segment, the organization conducted a brief survey to understand the social context of these people; later, one of its members published the first thesis on homeless people in the context of Fortaleza-CE.

Most unhoused people come from other territories and places in the country, from a context of reduction and rupture of their networks, family, community, friendships, etc. Currently, the context of illegal substance trafficking has contributed to the expulsion of people from their territories, who are crowded in the center of the city individually or as a complete family nucleus. Despite being located in the center of the city, a territory with diverse resources, they experience difficulty reintegrating into formal contexts of employment and personal care and accessing institutional mechanisms that violate their rights.



PROJECT OVERVIEW

1. OBJECTIVES:

Overall objectives: linkage actions, harm reduction, crisis management, and restoration of rights.

Specific Objectives: Create processes to overcome vulnerability, expand social networks, and include/participate in social life through work, art, entertainment, and education.

2. MAIN PROCESS / ACTIONS CARRIED OUT

- **Immediate basic assistance/risk reduction:** Community kitchen, street food, provision of toilets, medical care, clothing, and immediate listening.
- **Madalenas Project:** Round of discussions with street and socially vulnerable women, topics around gender issues, rights, and listening to the life stories of LGBTQI+ women in vulnerable contexts.
- **Community Kitchen:** Daily food made by peers/ex-peers who have lived in contexts of the street and problematic drug use.
- **Mandacarú School:** Literacy training for homeless people using the Paulo Freire method of critical reading of reality. Assistance in formal education processes and employability contests.
- **Integral attention:** Peace Cycles, Meditation, individual counseling, pass therapy, conversation circles.

Process: over the years, the approach has been changing, deconstructing a top-down intervention model, which arrives with ready-made intervention proposals, to an approach based on the relationship with community resources and the creation of processes based on the demands presented by the partners, who are not only people in situations of vulnerability but subjects of resources. Walking and interacting with people in the territory has helped to consolidate alternatives for harm reduction processes, as well as alliances and expansion of social capital.

3. STRONG TERRITORIALIZATION POINTS

- **Methodology or theoretical basis that sustains it:** Community Treatment is one of the methodological bases that support the actions in this experience, added to methods such as Freirian pedagogy and systemic intervention models, including comprehensive care in the field of mental health.
- **Strategies that facilitate access for all:** low accessibility threshold, absence of access barriers to domestic mechanisms, visits to street environments that facilitate relationships. Provides space for stay, leisure, and rest, even if not engaged in a specific activity.
- **The territory is clearly defined from a geographical point of view,** with the initiative being developed in Fortaleza - Ceará (Brazil).



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Education/rehabilitation activity [a public health perspective].** Education/rehabilitation activity [a public health perspective]. Food security is the production and distribution of food three times a week to people in street situations or with high social and economic vulnerability. Medical and psychological health, with follow-up by nurses, doctors, and psychologists, in permanent actions and participation in harm reduction and basic health care campaigns.
- **The policy or action is focused on directing its efforts towards a community in a condition of high vulnerability related to drugs.** The Listening Center and the community intervention are aimed at homeless people with problematic drug use and severe social exclusion.
- **It is a bottom-up process:** The community and individuals as community resources create participatory mechanisms. Street people participate in the functioning of harm reduction processes and the organization of internal mechanisms.
- **The team is trained and sensitive to gender, rights, vulnerabilities, and territorialization**

4. FOLLOW-UP SYSTEMS AND ASSESSMENT:

Information entry into a data system creates Community Treatment references, which allows one to observe and evaluate the effectiveness of the method and partners' processes.

The evaluation in the form of talking circles, as members of the team, which allows verification of cases and processes, and also a method applied to observe the processes of the partners in follow-up.

5. RESULTS

The experience was significant and had effective results: outputs are closely related to the interests and strengths of the partners.



ADDITIONAL INFORMATION

The integration of people from the territory who reside in and contribute to the practice territory is significant and rich, as it enables a diversity of human resources, from partners with academic experience and technical knowledge to peers who live and have experienced the streets and problematic substance use, providing a diverse network with creative possibilities.

FURTHER INFORMATION

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6

CENTRO DE ESCUCHA PARA HABITANTES DE CALLE (SDF Listening Center)

Corporación Surgir (Colombia)

Brief description:

The Listening Center for the unhoused, sans-domicile fixe people (SDF Listening Center) has been managed by the Corporación Surgir in Medellín (Colombia) since 2019 as a community-based mechanism involving professionals from healthcare and social areas and peer agents (who experience or have experienced SDF situations), community members, and the network integration organizing harm reduction programs for psychoactive substances consumers, as well as social inclusion of healthcare, basic care, leisure, improvement of labor conditions, referral to institutional services, etc.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

We have been working since 2018 with the support of the Barcelona City Council and the technical work of the Asociación Bienestar y Desarrollo ABD (Barcelona) and the Corporación Surgir (Medellin) in a technical exchange process to adapt harm reduction strategies to the Listening Center located at the 10th District of Medellín. We have fallen back on the support of other Colombian State entities and local foundations.

Some of the identified issues using a SiDiEs methodology through a participative diagnosis are a high percentage of SDF inhabitants in the city center who are not considered community members and drug problems, specially "bazuco" (cocaine paste), whose basic needs are not covered, with a deteriorating physical and mental health, stigmatized by a wide part of liberal professionals and citizens. Moreover, the heroine is also present, albeit invisible, while substance abusers accumulate in concrete parts of the city, turning them into ghettos.

We could also highlight the institutional difficulties in providing comprehensive assistance (universal access to healthcare, the inexistence of any patient network of primary care to assist and follow-up individuals with a substance use disorder, lack of methadone for harm reduction, hygienic drug paraphernalia or safe consumption spaces...) Furthermore, there are high requirements for accessibility and permanence in the first level of social care for unhoused people.



PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: harm reduction associated with the psychoactive consumption by SDF in Medellin and the impact on the community fulfilling their necessities and providing guidance.

Specific Objectives:

- Reducing the SDF community impact and the use of psychoactive substances in Medellin.
- Providing psychoactive substances to SDF consumers with low-requirement social and healthcare assistance services.
- Reducing the stigmatization and restoring psychoactive substances SDF consumers' rights in Medellin.

2. MAIN PROCESS/ACTIONS CARRIED OUT

The SDF Listening Centre operates as a community mechanism based on the ECO² Model, carrying out cooperation network actions. New active minorities and the alliance with other consolidated networks in other territories to act together, activities to catch the public's attention (community tours, workshops, fairs) to allow social inclusion and harm reduction.

Inclusion of peers to the Listening Center, sex education, distribution and education about hygienic paraphernalia, healthcare education, and accompaniment of SDFs to those services.

Drug consumption supervision actions are also performed on the street, as well as actions to restore rights.

Actions to include SDFs in community actions and promote non-stigmatizing language.

3. TERRITORIALIZATION STRONG POINTS:

- **Network** actions are highlighted, involving institutional and community stakeholders and individuals with a substance use disorder themselves to integrate social and healthcare services reaching SDFs, guaranteeing social inclusion through work on the streets.
- The mechanism integrates the **gender perspective** from a specific diagnosis to plan strategies in pursuit of menstrual hygiene, sexual and reproductive health, making gender-based violence visible, etc.
- **Prevention/organization** must be highlighted to plan strategies for SDF care within their living environment and involving different network stakeholders, harm reduction, empowerment of individuals with a substance use disorder, raising awareness among government stakeholders, permanent education on the streets to bring change, diversity spaces such as the inclusion and education strategy,



boosting the improvement of economic sustainability for SDFs (training those working with waste recycling).

- **The territory is clearly defined from a geographical perspective:** the SDF Centre operates in Medellin, Colombia.
- We work with SDFs according to the indicator that specifies a **highly vulnerable community concerning drug consumption** (see paragraph: population and environment characteristics).



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **The team manages a network in the territory with at least 30 people** involving institutional and community stakeholders and individuals with a substance use disorder themselves to integrate social and healthcare services, create active minorities, and coordinate with other networks.
- **Community stakeholders non-formal networks:** the “Yonkis Med” strategy has had great success among individuals with a substance use disorder: a collective of heroin abusers who perform visibility actions to raise awareness about their rights.
<https://www.instagram.com/yonkismed/>
- **This initiative plays a part in the territorial approach policy:** Colombia has many healthcare policies and guidelines, including the community approach. The last 2023-33 National Drug Policy “*Sembrando vida desterramos al narcotráfico*” (Sowing Life We Banish Drug Trafficking) is adjusted to this approach. Surgir Association’s proposal suits these national policies.

4. FOLLOW-UP AND ASSESSMENT SYSTEMS

Actions, services, and management processes are systematized, as well as the follow-up and outcomes of relevant cases and the attention of the general population. Systematizing can be done both qualitatively and quantitatively in general field diaries and field diaries of special cases. Instruments of the ECO² model, such as the first contact sheet, are processed. Process indicators are measured, such as the number of beneficiaries disaggregated by sex, services offered, and involvement of networks, among others. Follow-up visits are carried out with the service networks to comply with the agreements generated. Weekly technical team meetings are held to monitor and evaluate processes.



5. OUTCOME/IMPACT

The monitoring and evaluation system described above makes it possible to identify results in indicators such as harm reduction associated with health, incorporation of hygiene habits, reduction of risky practices of the use of psychoactive substances, and access to health, social, and drug treatment services, among others. In the follow-up of the individuals with a substance use disorder, positive changes have been observed in these indicators.

It has also been observed that the mechanism favors processes of empowerment of people with a substance use disorder, reduction of stigma, processes of social inclusion and restoration of rights; integrates different community and institutional stakeholders to deploy their resources and actions in favor of the street population and has contributed in advocacy processes for the municipal administration to incorporate harm reduction practices.

FURTHER INFORMATION

1.- Website:

<https://corporacionsurgir.org/>

<https://www.instagram.com/stories/highlights/18214505029166803/>

<https://www.instagram.com/yonkismed/>

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7

RISK AND HARM REDUCTION MECHANISM OF SUCRE NEIGHBORHOOD IN CALI

Corporación Viviendo (Colombia)

Brief description:

The mechanism for reducing risks and harm is a proposal for a community approach that is implemented in the Barrio de Sucre of Cali (Colombia) by Corporación Viviendo, and it seeks to promote changes that improve the quality of life of people who inject drugs by making visible and intervening in their problems, taking into account the central importance of community support networks, institutional, family and personal to respond to emerging needs.

EXPERIENCE DESCRIPTION.

BACKGROUND AND CONTEXT

The proposal began to operate in 2015 based on the decision to carry out risk and harm reduction experiences by institutions participating in the "American Network for Intervention in Situations of Social Suffering" (*RAISSS, Red Americana para la Intervención en Situaciones de Sufrimiento Social*), Colombia, identifying the neighborhood of Sucre in Cali as a territory with the need for care spaces with these characteristics from local diagnoses developed by community stakeholders and the Ministry of Health.

There is a first moment of the development of the proposal that goes from 2015 to 2018, where it is co-managed with another organization of the civil society and the activities focused on the distribution and delivery of sanitary paraphernalia, and a second moment from the year 2019 where the management is taken directly by Corporación Viviendo and the proposal acquires a greater deployment of community work strategies.

Population and environment characteristics:

The neighborhood Sucre is located in the 9th District in the center of the city of Cali, being one of the largest neighborhoods of the municipality. Although the neighborhood is identified as an area with a large presence of the dynamics of drug consumption and sale, these are limited to a small and concrete area where the care mechanism is located.



People living in this locality have high levels of vulnerability associated with situations of extreme poverty, with great difficulty in accessing services, mainly in health care, and with very limited access to the formal labor market.

The territory does not present spaces for public use (parks, sports fields, community meeting centers); at the same time, there are problems of environmental pollution from the presence of waste recycling plants in the area that do not make proper handling of materials.

As for the characteristics of people who use drugs, 90% of them are men and 10% women, where the main characteristic is that the vast majority come from other districts in the city, a situation of greater stigma and discrimination on the part of people who have lived in the neighborhood for several years.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: Increasing the community & institutional response capacity to reduce harms and risks of the population injecting drugs, consuming *bazuco*, and smoking heroin.

Specific Objectives:

- Implement formal and non-formal education actions and strategies that help strengthen the tools and capacities of the community and individuals with a substance use disorder.
- Attend and accompany communities in physical and mental therapy processes based on existing services in institutions and community resources.
- Implement a strategy from guided recreation to promote relationships and work together networks of the community mechanism.
- Assess changes in initial and final risk conditions from the implementation of the integrated case monitoring process.

2. MAIN PROCESS/ACTIONS CARRIED OUT

The actions developed are organized along the following lines of the Community Treatment model:

- **Basic assistance:** development of actions to respond mainly to aspects related to the health of individuals with a substance use disorder in coordination with teams and institutions present in the community (nursing care, rapid HIV and tuberculosis testing, dentistry, mobile mechanism for street people, delivery of clothing).



- **Education and rehabilitation:** development of actions aimed at lower-risk drug injection practices, educational activities on sexual and reproductive health, training spaces for opioid overdose care for individuals with a substance use disorder, and community and institutional stakeholders.
- Linking and accompanying actions for the completion of **formal education**.
- **Work and occupation:** development of actions to link individuals with a substance use disorder with productive activities with remuneration.
- **Leisure:** development of activities that seek recreation and enjoyment, favoring the meeting of different stakeholders of the community.

3. STRONG TERRITORIALIZATION POINTS

- It is identified as a community-based proposal supported by the **ECO² Model**, where from street work, identification and recognition by relevant community stakeholders are achieved, thus generating a safety framework to carry the proposal forward.
- In this sense, it is also possible to identify the **informal networks** existing in the territory, such as the links that drug consumers have with some shopkeepers and personnel in charge of recycling plants, as well as the availability of some drug dealers for the generation of possible alliances.
- We work in **permanent coordination with all community stakeholders**, with formal and informal networks to facilitate access to available services.
- The territory **is clearly defined from a geographical point of view**; the initiative was developed in the Barrio de Sucre of the Commune 9 of Cali (Colombia).
- The **work team** of this experience is composed of professionals in the area of psychology and social work, occupational therapists, nursing assistants, community operators, and peer operators.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **It is a highly vulnerable drug-related community, intervening in communities and populations excluded from the enjoyment of fundamental human rights.** As indicated above, the neighborhood of Sucre is identified as an area with a large presence of drug consumption and sale dynamics, and people living in this town present high levels of vulnerability associated with situations of extreme poverty, with major difficulties in accessing services, mainly in health care and with very limited access to the formal labor market. The territory does not present spaces for public use (parks, sports fields, community meeting centers), and there are problems of environmental pollution from the presence of waste recycling plants.
- As described in its objectives and activities, policy or action focuses on basic assistance with harm **reduction strategies from a rights restitution perspective.**
- **Inclusion of past practices, results, and installed capacity,** as part of the experience previously developed from 2015 to 2018, co-managed with another civil society organization's distribution and delivery of hygiene paraphernalia.
- **Practice initiative or policy is part of a policy that explicitly provides for a territorial approach.** Colombia has several health policies and guidelines that include community approaches. We highlight the latest National Drug Policy 2023-2033, "Sowing Life We Banish Drug Trafficking."
- As described in the next point, there is a **process assessment mechanism.**

4. FOLLOW-UP AND ASSESSMENT MECHANISM:

Systematization tools are used, such as the Diario de Campo (Field Diary), where information on actions linked to street routes and interactions is recorded, the stakeholders' cadre for the construction of subjective networks, and institutional resources as a way to analyze the impacts of the mechanism. Technical advice is available to monitor the methodological deployment for the evaluation.

5. OUTCOME/IMPACT

In the 5 years that Corporación Viviendo has been developing the proposal, in addition to the impact on the number of beneficiaries of harm reduction actions (513) from the deliveries of hygiene kits and for injecting drug use, therapeutic interventions and



accompanying spaces, attention to overdose attended by people from the community is highlighted (98), with the result of not recording overdose deaths in the public road since 2021.

It also recognizes an **impact on community** awareness of the link with drug users, as well as the installation of community capacities for access and management of opioid overdose care kits.

On the other hand, during the last year has been recorded the culmination of formal education of 10 people, where 3 are drug users and 7 of them are neighbors of the neighborhood, consolidating a space of relevance for the entire community.

FURTHER INFORMATION

1.- Website:

<https://corporacionviviendo.org/>

<https://anyoneschild.org/2023/08/international-overdose-awareness-day-colombia/>

2.- Contact person:

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8

HOGAR DE LA ESPERANZA (Home of Hope)

Costa Rica

Brief description:

The Hogar de la Esperanza has provided comprehensive care services in San José, the capital of Costa Rica, since 1992, without restrictions derived from creed, ethnicity, religion, or sexual orientation for inhabitants of the street, EXsexual diversity, drug use, living with HIV and other social vulnerabilities. They also apply the harm reduction model from 2004.

Its action is carried out through training and training biopsychosocial tools, which allow the construction of life projects and the development of skills, capacities, and skills of the accompanying population. They strengthen the social network through the articulation of networks and the promotion of new organizations that guarantee spaces for citizen participation and advocacy.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The Hogar de la Esperanza was born under the umbrella of Humanitas of Costa Rica in 1992 to establish a space where people living with HIV, attention to consumption and sexual diversity, covering a need since, at that time, there was no space dedicated exclusively to, treating HIV, either in Costa Rica or in Central America. It should be noted that Monsignor Román Arrieta collaborated in creating a space to accommodate this population. It was based on an initial mapping, articulating a network of resources, promoting the creation of an operational network, and promoting the effectiveness of personal social networks, especially those in situations of severe social exclusion.

The Hogar de la Esperanza is the first organization to start working with HIV and addictive dependencies and other situations of social suffering, being guarantors for antiretroviral therapy to be administered to people living on the streets with HIV. It has become an innovative organization that accompanies people seeking to transform their lives from a comprehensive care center.

The population is highly vulnerable, with problematic consumption of substances, alcoholism, sexual exploitation, abandonment, family violence, and street conditions. It promotes the restoration of rights and the preservation of human values.



Population and environmental characteristics

The accompanying population consists of sexually diverse women, men, and without stable housing from 18 years of age, socially excluded people, drug users, some living with HIV, inmates in penitentiaries, and other social vulnerabilities.

The experience is implemented in the periphery of the capital, San José, an area of high vulnerability and social suffering.

An **operational network** has been created composed of people who belong to the territory and the community, with various nodes:

- **Government:** close rapport with the municipality and the municipal council, the Social Protection Body, the Alcoholism and Drug Dependence Institute (IAFA), the Healthcare Ministry, etc.
- **Miscellaneous:** schools, churches of different Christian denominations, and other social collectives.
- **Subjective:** relatives and community.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: Develop processes based on knowledge production in practice and research, with the Harm Reduction model in the care of individuals and groups in consumption, aimed at minimizing the negative impacts of drug use in the area of HIV and advanced HIV, which seek to strengthen the social fabric, through the articulation of networks and advocacy that guarantee spaces for citizen participation and advocacy.

Specific Objectives:

- Provide professional support and warmth to substantially improve the quality of life of accompanied persons, regardless of creed, race, religion, or sexual orientation.
- Personal, family, community, and work reintegration.
- Provide accommodation, food, clothing, coverage, basic needs, medical care, biopsychosocial and spiritual support, psychological, nutritional, and nursing.
- Guide and give individual and group support therapies to patients, family members, and friends.
- Develop capacities in harm reduction, HIV prevention, hard and soft skills, and life projects.



2. MAIN PROCESS/ACTIONS CARRIED OUT

Main actions:

- Training in the impact of drugs on the general population and selective prevention of addictions in vulnerable groups.
- Permanent individual follow-up of users who request it.
- Listening services, specialized medical support, psychosocial therapies, capacity building, and skills for people in treatment, Harm Reduction being a cross-cutting axis.
- Support for personal, family, work, and community integration.

The approach is carried out through biopsychosocial care of persons accompanied by:

- **Basic** services: food, shelter, clothing, hygiene, and personal care supplies.
- **Health** services: permanent medical and nursing care.
- **Psychological care** services on a weekly basis.
- **Nutritional care**, personalized diets, and follow-up.
- **Training ("Tu Saber es mi Saber," your knowledge is also mine):** weekly workshops on topics such as drugs and their impact on health, daily Objectives, life projects, STIs, healthy finances, as well as related situations binding the issue of HIV and problematic substance use, among others.
- Activities for **self-management and sustainability:** culinary art, painting, composting, cultivation and sale of ornamental plants, raising chickens, handicrafts, among others.
- **Environmental work and sustainable development** activities: green projects are carried out, such as rainwater reservoirs for use in facilities and irrigation of plantations in the therapeutic community; this activity is carried out with the support of engineers of the Nodes of the network and in coordination with the Local Government, cleaning the river of the community, planting trees, ornamental plants, among others.
- **Recreational and sports activities:** street football with residents and the active participation of the community, fairs in partnership with the community, and national and religious celebrations together, among others.

The Home of Hope has offered the **tent service** in the modality of a low threshold **Listening Center**, where a face-to-face meeting is encouraged, implementing a strategy that promotes institutional and community support for people at risk or excluded from



drug use. It promotes the establishment of links and acts as an observatory of social dynamics in the context, being useful to initiate and strengthen the relationship, promoting access to services and opportunities to improve the quality of life. The experience has implemented **12 tents** nationwide. This service has been provided in areas of high vulnerability, linking the person with himself and with the community. In this process, the professional team and people living in the Home are integrated.

3. TERRITORIALIZATION STRONG POINTS

- The **theoretical basis** for the action of the Home of Hope experience is the **ECO²**. They also integrate into their work the Latin American methodological contributions such as Pablo Freire's Liberating Education, Liberation Theology to transform the world from the perspective of Pablo Richard, Subject Theory, and Social Subjectivities, as contributions by Franz Hinkelammert, among others.
- It has strategies of **a comprehensive and interdisciplinary approach**, which facilitates access to all people through a low threshold mechanism, providing accompaniment, empowering and promoting active minorities, drug users, and HIV unboxed. It seeks to transform social suffering through structural, individual, and collective changes through new social references.
- They carry out **community integration**, promoting **sustainable development** and the **perspective of rights and gender, with bottom-up and top-down work**, following coordination with the Costa Rican Social Protection Board and other stakeholders, networks, and services through strategic alliances, networking, and collaboration. Its role as a guarantor for the administration of antiretroviral treatment to street people with HIV should be highlighted. It serves highly vulnerable communities.
- It has an **interdisciplinary team** consisting of personnel from psychology (1), nursing (2), sociology (1), education (2), and nutrition (1), two members of the team, and even operators. They have voluntary support via strategic alliances, which provide legal, medical, psychological, computing, and cooking services, among others.
- The **territory is clearly defined geographically**, and the initiative is developed in San José, the capital of Costa Rica.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- Hogar de la Esperanza operates as a **low threshold mechanism**, providing accompaniment, empowering and promoting active minorities, and offering the service of tents in the form of a low threshold listening center. Where your **activities are implemented outside of the working mechanism**, it serves as an observatory of social dynamics in the context, favors initiating and strengthening the relationship, promoting access to services and opportunities. The experience has implemented 12 tents nationwide. This service has been provided in areas of high vulnerability, linking the person with himself and with the community.
- In Costa Rica, the Hogar de la Esperanza was the first organization to apply the **harm reduction** model, starting in 2004. The description of the activities carried out shows the basic assistance from this perspective of harm reduction.
- The **interdisciplinary team** is trained in Community Treatment, in the ECO² model, gender, rights, problem drug use and addictions, HIV, STIs, and other conditions of vulnerability and territorialization.
- In addition, its action contemplates **sustainable development** and environmental work through green projects that are carried out with the support of engineers from the Nodes of the network and in coordination with the Local Government (cleaning the community river, planting trees and ornamental plants, among others).
- It provides services from a **gender perspective**, without restrictions based on creed, ethnicity, religion, or sexual orientation, for street dwellers, people with sexual diversity, people who use drugs, people living with HIV, and other social vulnerabilities.

<https://www.youtube.com/watch?v=xP3DfBM8zbc>

4. ASSESSMENT AND FOLLOW-UP SYSTEMS

The Hogar de la Esperanza has a reference system of various channels, such as hospitals, non-profit organizations, and families of accompanying people, among others.

As part of the ECO² model, people who establish a service delivery relationship use the instruments of the Therapeutic Diagnostic System, applying tools such as the first contact sheet, instrument for periodic evaluation, journal sheet, clinical journals, as well as harm reduction matrices.

For follow-up on health, a protocol is applied for the collection of information on the type of examinations and analyses carried out if the person is integrated into social security;



if not, appropriate steps are taken and is explored in relation to the type of drug you use and the addictive situation.

After admission to the Home, administrative, psychological, nursing, and nutritional files are opened to each person. If you withdraw from the program and return again, you can re-integrate with the information of each updated file; this action is called reopening the case.

Individual and group therapies for cross-control are organized by the interdisciplinary team, which performs weekly analysis spaces, systematic monitoring, and a biannual and annual evaluation.

5. OUTCOME

The Home of Hope generates installed capacity in the community, promoting individual change from the behavioral and attitudinal aspects of group and community relations. This process is generated from the practice of Community Treatment with the harm reduction model. With training, skills, and abilities are discovered together and concretized through productive projects with ongoing monitoring.

The nodes are renewed, and work is done on the re-establishment of family networks; the referent is transformed via the theory of social referents.

The Hogar de la Esperanza was the first organization to apply the harm reduction model in Costa Rica, starting in 2004. It is also the first organization for people with HIV, consumers, and street conditions in the country, being guarantors for the administration of antiretrovirals, being referrals to the Ministry of Health and the Costa Rican Social Security Fund.

Through Government Decree 41386, harm reduction interventions are part of Costa Rica's social policy for the comprehensive approach and reduction of consumption from a public health approach.

Impact on public policies, on HIV management protocols.

Keys to success:

- It works under self-management, educating on the use of freedom, on how to assume responsibilities, and the acceptance and incorporation of basic rules of coexistence.
- Low threshold mechanism, promoting a comprehensive approach.
- The participants are protagonists of their process and contribute to the community.
- Community alliances and networking promote the guarantee and restitution of the rights of accompanied persons.
- Community treatment, with professional and human accompaniment, promotes quality of life and community well-being.

Apprenticeships:

- The work of personal and community responsibility involves working with the person, more than with their problem, strengthening their own resources in solving them.



- Accompaniment fosters creativity and the desire to build or restart a life process, recognizing itself as people in a process of social restoration.
- Positive response when community treatment is offered, with dignity and love.

ADDITIONAL INFORMATION

Hogar la Esperanza, as a therapeutic community, operates under the umbrella of the Humanitas Association of Costa Rica. Its actions promote learning from logic and not from exploitation. The Home is another space in the community.

"Listening is always harder than talking... Listening requires feeling, loving, touching, and smelling"

FURTHER INFORMATION

1.- Website:

https://web.facebook.com/profile.php?id=100077813303018&locale=es_ES&_rdc=1&_rdr

<https://www.youtube.com/watch?v=xP3DfBM8zbc>

<https://www.panoramadigital.co.cr/ganamos-todos-asociacion-humanitas-de-costa-rica-hogar-de-la-esperanza/>

2.- Contact person:

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9

FAMILIA PENITENCIARIA UNIDA (United Penitentiary Family, FPU)

Costa Rica

Brief description:

Familia Penitenciaria Unida (United Penitentiary Family, FPU) of Costa Rica provides the **Alajuela Province** psychosocial support to families and legal advice seeking to guarantee the rights of persons deprived of liberty and their families. It also seeks to influence public policies for the recognition of the collective.

It is composed of women (wives, brides, mothers, friends, daughters, sisters, grandmothers), relatives of persons deprived of their liberty (PPL), who rely on the hard process of the experience, seeking improvements in families and persons deprived of liberty.

She belongs to the International Network of Women Relatives of Persons Deprived of Their Liberty (**Red Internacional de Mujeres Familiares de Personas Privadas de su Libertad, RIMUF**), a network that operates in several countries (Argentina, Brazil, Colombia, Costa Rica, El Salvador, Spain, Mexico, and Ecuador), accompanying persons deprived of their liberty and their families.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The experience of incarceration of a loved one has a special impact on women's lives regardless of country, culture, or religion. This is how the **United Penitentiary Family (FPU)** was born in Costa Rica, with the concern of a mother whose son was deprived of liberty and experienced violations of rights, both of the person deprived of liberty and of the family.

After this experience, he began a route exploring information and identifying similar experiences in other countries, finding life in partnership with the Network of Organizations of Latin America and the Caribbean Region and Spain (RIMUF) network, which works to fight for respect for the human rights of persons deprived of their liberty (PPL) and their families. This is how Familia Penitenciaria Unida (FPU) was created at the end of 2019.

While each of the local contexts has its peculiarities, women and family members experience the same difficulties without distinction of language, country, culture, or religion. Through this network, the organizations recognize that they can accompany themselves in the distance and stand up to the impact that incarceration has on the lives of the families of Persons Deprived of Liberty. Under this context, Familia Penitenciaria



Unida (FPU) is open, listening, sharing with others, receiving advice, and collaborating for the steps to be followed in this task. They previously conducted an uprising with relatives in different prisons in Costa Rica, identifying the subjective community network, the operational network, and the network of community resources. At this stage and throughout the life of FPU services, it has been supported by RIMUF. It is currently a network that operates in several countries: Argentina, Brazil, Colombia, Costa Rica, El Salvador, Catalonia, Mexico, and Ecuador.

Characteristics of the population and the environment of that territory:

United Penitentiary Family (FPU) accompanies women (wives, girlfriends, mothers, friends, daughters, sisters, grandmothers) with a person deprived of liberty. The highest percentage are women with limited resources in highly vulnerable conditions. Families, in the general sense, are affected by the deprivation of liberty of their loved ones. However, the FPU identifies in the trajectory of their work that women's relatives suffer a differentiated and disproportionate impact on their lives when they have a family member deprived of liberty. This considering the role assumed by women as the main persons responsible for caring for others, the fruit of social construction, under the premise of the patriarchal system that organizes society, reproducing gender stereotypes, and the prison system, does not escape this reality, since this social mandate, of care and assistance, is found in the dynamics of detention centers. In this sense, the condition of high vulnerability is connected with the insecurity and helplessness they experience, the multiple risk factors they are exposed to, which affect them and prevent them from sustaining their well-being and that of their families and generate a constant threat, facing adverse situations.

The accompaniment seeks to impact improvements in the quality of life of persons deprived of their liberty in the penitentiary in which it is located.

The management of the action of the community communication structure promotes the integration and coexistence of the FPU in two modalities: internally with the accompaniment of relatives and wives and externally with synergy with spaces such as Public Defense, Courts, and other key stakeholders of the Justice and Penitentiary System of Costa Rica, the Network of Organizations of the Latin American and Caribbean Region and Spain (RIMUF), the Regional Platform for the Defense of the Rights of Children and Adolescents with adult detainees (Plataforma Regional por la Defensa de los Derechos de Niñas, Niños y Adolescentes con referentes adultos privados de libertad, NNAPES), among others.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: Provide psychosocial support and legal counseling to families to guarantee the rights of people deprived of liberty and their families.

Specific Objectives:

- Raising awareness and spreading the life experience in prisons of the country, as well as the visitor's experience.
- This includes public policies that recognize people deprived of their liberty.



2. MAIN PROCESS/ACTIONS CARRIED OUT

- It is a space of containment for women.
- Guides about the visitation process and other binding procedures.
- Conducts prison dialogues for dissemination and advocacy, with topics such as drug policies in prisons in Costa Rica and the intersection between drug policies and HIV, among others.
- Education to families: caring for those who care, promoting physical and mental health care.
- Channels claims or demands linked to detention.
- Accompanies the completion of procedures related to the criminal case.
- Promotes the legal services of the Public Defender's Office.
- Coordinates actions with courts and public defender's offices.
- Visibilizes the experience and sensitizes the State and society about what is lived in the country's prisons and of those who visit them.
- Consultations and guidance via WhatsApp or Facebook group.
- Investigation: gathering information on experiences of aggression, violence, mistreatment, and/or violation of rights that family members experience during visits or delivery of parcels for their loved ones deprived of their liberty.
- Denounces the violation of rights experienced by persons deprived of liberty and their relatives in the process of visits and delivery of parcels and demands their guarantee.
- Positioning and advocacy in national and international spaces on the impact of prison on the rights of the families of persons deprived of liberty.

3. STRONG TERRITORIALIZATION POINTS

The FPU contributes to reducing the stigmatization and discrimination suffered by people deprived of their liberty to accompany their relatives. FPU actions are based on a rights approach and contribute to social transformation.

Strengths of territorialization:

- It is a **low-threshold mechanism** that provides care to people in conditions of high vulnerability, such as persons deprived of liberty and their families.
- The **dimensions of the activities** include prevention, community organization and communication, and legal services derived through alliances, among others.
- They promote and sustain a **subjective community network**, getting to know the people accompanying, understanding and accompanying their problems, building



relationships of trust, and strengthening them, from active listening to encouraging active participation throughout the process.

- Accompanies women (wives, girlfriends, mothers, friends, daughters, sisters, grandmothers) relatives with a person deprived of liberty, fulfilling the indicator of **being a community in a condition of high vulnerability related to drugs**, as described in the section "Population and environment characteristics."
- **The territory is clearly defined from a geographical point of view**; the initiative was developed in Alajuela (Costa Rica).
- **Interdisciplinary team**, made up of people who live the experience of being referents of people deprived of liberty. The network has about 75 people.
- **Articulation of the community network of resources** with an operational network, such as the key stakeholders of the Justice and Penitentiary System of Costa Rica, Ministry of Health, RIMUF, and NNAPES, among others. It is an experience connected to other sectors, networks, and community services.
- It is an experience **sustained by the people** who live the reality. It is sustained and contributes to continuity, linking opportunities and complementarity with the strength of solidarity.
- It pays attention to the **issue of drugs** from reflection, analysis, dissemination, positioning, and advocacy in public policies and the promotion of investment in social insertion.
- The **content indicators** on which the experience focuses are human rights, service networks, gender, and social integration.





We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **La acción está dirigida a poblaciones excluidas del goce de los derechos humanos fundamentales, The action is aimed at populations excluded from the enjoyment of fundamental human rights** since the United Prison Family (FPU) accompanies women (wives, girlfriends, mothers, friends, daughters, sisters, grandmothers) relatives with someone deprived of liberty, in conditions of high vulnerability, connected to the insecurity and defenselessness they experience, the multiple risk factors they are exposed to, which affect them and prevent them from sustaining their well-being and that of their families and generate a constant threat, facing adverse situations.
- **Its action focuses on human rights**, offering psychosocial support to families and legal advice, and promoting the guarantee of the human rights of persons deprived of liberty and their families. The experience is based on the needs identified about the violation of rights of both the person deprived of liberty and their families in the experience of visits or delivery of parcels. It arises, therefore, to respond to violated rights.
- The initiative includes a **low-threshold mechanism and street work strategies**, where attention is provided to people in highly vulnerable conditions, such as persons deprived of liberty and their families. On visiting days (as a tent), it operates in a very low-threshold service. This service is implemented to establish ties to improve the prison system.

4. FOLLOW-UP AND EVALUATION SYSTEMS

- United Prison Family (FPU), for the people with whom it establishes a relationship, implements a follow-up system through contacts, consultations, and guidance via WhatsApp and Facebook groups.
- Have designed a database of the subjective network and the operational network, which articulates to respond to the needs and requests required.
- Survey of the experiences of violation of rights of family members during visits or delivery of parcels and persons deprived of liberty, systematizing the experience.
- Follow-up meetings, monitoring, and evaluation of the processes they accompany.



5. OUTCOME

A network experience has been consolidated, aimed at women who live the reality of being a family of persons deprived of liberty, offering answers and opportunities that sustain their hopes.

Key/success factors:

- Collective solidarity in all senses.
- Community resilience.
- Sorority among women relatives of persons deprived of liberty.
- Continuous permanence, as people do not leave the Foundation through collaborative work that is sustained over time.
- Efforts united by and to bring improvements to vulnerability.

Learning:

- Containment among women represents the greatest success in this process.
- In the union of efforts, living conditions can be improved.
- The channels of communication have sustained the opportunity for networking.
- Emotional containment sustains, accompanies, and lends space for the expression of feelings and routes to solve problems.
- In the transition of the experience of the deprivation of liberty of a loved one, it is a priority to have the support of other people, of a support network. In this sense, the United Prison Family (FPU) network provides spaces for accompaniment, understanding, information, and response to requests, combining this process with attention to the struggle and defense of the rights of persons deprived of liberty and their families.

ADDITIONAL INFORMATION

Familia Penitenciaria Unida (FPU), as a partner organization of the IAMFN, has been part of the proposal of "The Bogota Principles" (Principios de Bogotá), a document that makes visible the impact that the deprivation of liberty of a loved one has on families and that there are various tools and laws so that this process affects them as little as possible.

Children and adolescents with relatives deprived of their freedom suffer multiple situations of violence. The synergy with the Regional Platform for the Defense of the Rights of Children and Adolescents with Adult Relatives Deprived of Liberty (NNAPES) is important because of its work to collaborate with the prison system to improve the conditions of visits and the promotion of respect for the rights of children and adolescents and their families.

There are still many challenges. Therefore, it is necessary to make female relatives visible in the public agenda to promote comprehensive protection measures to counteract the impact suffered by women who are relatives of people deprived of their liberty, as



mentioned in the 187th session of the Inter-American Commission of Human Rights⁴, the RIMUF report⁵. The Principles and Good Practices document on the protection of the rights of female relatives of people deprived of their liberty⁶.

FURTHER INFORMATION

1.- Website:

https://web.facebook.com/FamiliaUnidaPenitenciaria/?_rdc=1&_rdr

<https://rimuf.org/>

Meeting of the International Network of Women Relatives of Persons Deprived of Liberty:

https://web.facebook.com/watch/?v=681916920262937&extid=WA-UNK-UNK-UNK-IO5_GK0T-GK1C&ref=sharing&mibextid=j8LeHn&_rdc=1&_rdr

2.- Contact person:

Name: Giselle Amador

Mail: giselleamador@gmail.com



4 <https://www.youtube.com/watch?v=tKNClIsbpiU>

5 The impact of prison in female relatives and how it vulnerates their human rights: Informe final: El impacto de la cárcel en las mujeres familiares y las afectaciones a sus DD.HH <https://rimuf.org/wp-content/uploads/2022/11/Informe-final-1-comprimido.pdf>

6 Principles and good practices on the protection of the rights of women relatives of persons deprived of liberty (Bogotá Principles). <https://rimuf.org/wp-content/uploads/2023/03/Official-version-ENGLISH-PRINCIPLES-AND-GOOD-PRACTICES-ON-THE-PROTECTION-OF-THE-RIGHTS-OF-WOMEN-RELATIVES-OF-PERSONS-DEPRIVED-OF-THEIR-LIBERTY-.docx-1.pdf>



10

THE PROTAGONIST'S PARTICIPATION OF CHILDREN IN TERRITORIES AFFECTED BY SUBSTANCE TRAFFICKING

Corporación La Caleta (Chile)

Brief description:

La Caleta has a long-standing insertion and work in the territory of Santiago de Chile. The purpose of its actions is to strengthen the protagonist's participation of children in territories affected by substance trafficking. In addition to the recognition of children as valid subjects of participation, it seeks to install capacities in the territories. Sustainability is highlighted as well. In recent years, there has been an intervention mechanism to work with families where a member is deprived of liberty.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

La Caleta has developed a work in the territory for more than 10 years. The emphasis in the work has been the promotion of the protagonistic participation of the children living in the territory through different methodological strategies, such as school support spaces, formation of peer groups, play instances, and workshops.

The need to begin the process of organizing children **is born from the children themselves**, who demand community spaces to share freely, and from the neighbors of certain sectors, who see how puerility is subtracted from larger actions. The diagnoses are permanent in order to update the realities of the territory and its dynamic needs.

The experience presented here takes place in the Villa 4 de Septiembre, a community located in the commune of El Bosque, metropolitan region of Santiago de Chile, and emphasizes the work with children who have some of their adults deprived of liberty.

Characteristics of the population and the environment of that territory:

Villa 4 de Septiembre has 170,000 inhabitants and a multidimensional poverty rate above the regional average. In recent years, there has been an increase in situations of community violence as a result of drug trafficking, shootings in the streets, illegal trade in their streets, and growth of the organization around the sale of drugs. Access to drugs is very easy for all kinds of substances.

Community organizations have begun to be infiltrated by these organizations, and the social fabric has deteriorated in recent years. Trafficking makes the territories even more precarious and leads to a breakdown in community life.



These are violent contexts, both for safeguarding the integrity of the children involved in the experience and their families, as well as for team members.

Violent behavior is so naturalized that it is difficult to problematize it. Many families have members deprived of their liberty for drug-related crimes, so marketing is very present, and questioning and distancing children from this practice involves questioning and sometimes cutting off family ties. Children, especially boys, are linked early to the illicit market in minor jobs, not necessarily linked to consumption.

Drug dealing is often fantasized and seen as a possibility to leave the territory, to "improve" their life, but, on the contrary, it sets you in the same, always from the exclusion.

Although the networks have deteriorated over the years as a result of a commercialized social state and the presence of drug trafficking in the territory, deteriorating trust and community life, The sector is characterized by continuing to promote spaces for meeting and strengthening networks through historical organizations such as neighborhood boards, schools, and the municipal apparatus. The local government is present in the territory and is interested in strengthening alliances with territorial organizations. This is a feature that makes government work, unlike other territories.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: To develop strategies for child and youth participation to strengthen community life from a human rights perspective.

Specific Objectives:

- Generate participatory processes with children in the community to strengthen their role as subjects of rights and promote strategies of social action in the face of territorial problems visualized by children themselves.
- Development of workshops with children according to their interests. Management of the proposals that emerge from the workshops.

2. PROCESSES AND MAIN ACTIONS CARRIED OUT:

The activity is structured on the basis of weekly workshops with popular education methodology, in which children talk about their concerns, and from there, collective actions, training processes, or particular demands to the local government are generated. For this purpose, various expressive tools are incorporated, and play spaces are developed. School strengthening workshops are also held.

At the same time, at the community level, we are working to evaluate the capacities present in the territory, deepening social issues.

Participation in networks, with spokespeople of girls and boys, is another line of activities.



3. TERRITORIALIZATION STRENGTHS:

- La Caleta is in the process of systematizing its work model, built from Popular Education, the Rights paradigm, and the Convention on the Rights of the Child (CRC). The calls are open, and each participant is free to invite others throughout the process, as well as to withdraw at any time if desired. The beginning of the process is defined by the team promoting the space. However, the continuity of the process is responding to the proposals and needs identified by the group. Therefore, although it is an initiative that starts from top to bottom, its process responds to horizontality. It is a **mixed process** [that articulates down up and up down].
- The meeting instances are voluntary, so we rescue the interest in participating and the personal and family motivation in these instances. The meetings are held in community units, and facilitated by community social stakeholders (neighborhood councils, mothers' associations, etc.).
- **It is a community or population with high drug-related vulnerability**, excluded from the enjoyment of fundamental human rights.
- The team includes 5 community educator technicians. **The team is composed equally**, seeking parity between men and women. At the time of launching the initiative, the aim is to have a presence of both genders among educators to promote the link with the participants. The team is trained and sensitive to gender, rights, vulnerabilities, and territorialization.





We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **There is an operational network composed of persons belonging to the territory or community.** The network collaborates in the resolution of contingencies and mutual support. They are made up of community organizations such as neighborhood councils, common pots, local youth organizations, and also local government agencies such as municipal health agents.
- **Policy or action focuses** on drugs, human rights, vulnerable communities, sustainable development, informal networks of community stakeholders, gender, social integration, and also micro-trafficking (aimed at children with parents in prison, mostly through micro-trafficking).
- **The team has a diversity of people with at least one peer operator (from the community) and professionals in the psycho-social area.** The team includes 5 technical community educators: coordinator (social educator), psychopedagogue, psychologist, and social workers from La Caleta, but as part of the process, mothers/fathers who provide support are added, and also as a volunteer, popular educators, differential educators and students in practice.
- **Actions respond to the needs of each gender. Gender equity.** Working with girls and boys, there is also work with families, in turn promoting their own participation in broader community processes. Undoubtedly, this bond passes through the women of the territories, primarily mothers, grandmothers, or sisters. **The team is trained and gender-sensitive.**

The **main indicators of territorialization** include the assessment of the active participation of community stakeholders, the negotiation of power within work experiences, where knowledge present in communities is validated and valued; working with community networks for a collaborative purpose; the human rights approach, which promotes the social action of all members of a community; risk management for the planning and action of behaviors that promote self-care of participants and the reduction of harm both in actions related to consumption and actions derived from the necessary self-care in daily life. These are low threshold mechanisms.

4. FOLLOW-UP AND ASSESSMENT SYSTEMS

At least two assessment cycles are conducted in the year to review what has been done and plan for continuities. The team, children, and families participate in the evaluation in separate instances and with particular methodologies. At the end of the process, experience is systematized and reported.



5. OUTCOMES

The permanent problem is the conception of impact assessment, since many times they talk about tools that will bear fruit in the very long term, or they are limited to a series of variables that cannot be controlled by the projects. Beyond them, we believe that the continuity of the processes, the lifting and the request of the members of the territory of new versions, and the validation of the institutional work in the territory are variables that validate what has been done.

In La Caleta, although efforts are made to remain in specific territories for as long as possible, the duration of projects commonly does not exceed 2 years. In fact, there are programmatic offers that do not extend beyond 9 months. Tools for participatory action research and experience systematization are used with active involvement of the individuals involved.

La Caleta has developed instances of gathering narratives and experiences from participants for evaluation and recording purposes approximately every 8 years, over the last 3 cycles.

It changes for the children who participate, their families, and thus the community at large, strengthening non-governmental networks, creating a community that supports families in different difficulties, and installing counter-measures of solidarity, accompaniment and validate identity and belonging to a territory that is often highly stigmatized.

ADDITIONAL INFORMATION

We highlight the key aspects that lead to success:

- The validation of children as subjects of law, with voice and participation.
- Position of not judging.
- Non-mandatory participation in the process.
- Not welfare, but agency capacity building.

It highlights the concern about the high discourses of violence present in children from an early age, discourses closely linked to the culture of trafficking and questioning them.

FURTHER INFORMATION

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11

ATREV-T AND ATREVI-2 PROGRAMMES - ETHNIC MINORITIES, HARM, DRUGS AND CREATIVE SOCIO-EDUCATIVE CREATION CONTEXTS

Area of Compensation of Inequalities in Education. Ministry of Education, Equality and Social Welfare. Regional Government of Andalusia (SPAIN)

Brief description:

The Area for the Compensation of Inequalities in Education, within the Ministry of Education, Equality and Social Welfare (Junta de Andalucía - Andalusian regional government) intervenes in the province of Granada (Spain) with young people and adolescents from the Gypsy community at risk of social exclusion. Aimed at pregnant minors or mothers between the ages of 14 and 19 and young people working as seasonal workers at risk of dropping out of school. Through a personalised plan, students are encouraged to stay in the education system, obtain a high school diploma, and promote women in risky contexts. This personalized plan was created by the Children and Youth Bureau of the districts of social transformation districts from a community and integral perspective through inter-institutional, family, and community collaboration. It is developed in different neighborhoods of the province of Granada, called the Andalusians Areas with Social Transformation Needs (ZNTS) for its characteristics of high social vulnerability.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The administration of the Junta de Andalucía has been supporting the intervention in disadvantaged areas for years, since the creation of the Plan of Neighborhoods of Preferential Action by Decree 202/1989 of 3 October, as a resource to address exclusion. Creating the Areas with Social Transformation Needs (ZNTS), disadvantaged areas of concrete and physically delimited urban spaces, in whose population there are situations of severe structural poverty and social marginalization. Paying special attention to ethnic minorities, such as the Roma population. In Andalusia, almost half of the Spanish Gypsy population lives, more than 300,000 people, 60% of whom are women, so comprehensive attention to the collective is necessary.

In this context, and framed in the Provincial Plan of Absenteeism of the Education Delegation, the ATREV-T and ATREVI-2 programs aimed at students at risk of school dropout arise. This initiative stems from a tangible reality in all socially excluded



neighborhoods with a marginal Roma population, where it was observed that Roma adolescents became pregnant again at a very early age and married before the age of 16. They left the education system and no longer resumed their training. The senior Roma women of the Barrio Council themselves determined that something had to be done to change this dynamic.

From the Children and Youth Forum, a comprehensive mapping of the emerging reality was carried out, and many operational lines were evaluated. Each Neighborhood Council, composed of neighbors, established the intervention methodology.

Population and environment characteristics:

These programs are implemented in Areas with Social Transformation Needs (ZNTS) and administrative delimitation used in the Junta de Andalucía. They are clearly delimited urban spaces characterized by urban deterioration and a lack of infrastructure, equipment, and public services, in which many of their inhabitants are in conditions of social exclusion, serious structural poverty, and marginalization, and where there are significant problems in the following areas:

- High rates of school absenteeism and failure
- High unemployment rates and serious vocational training shortages
- Significant sanitary deficiencies
- Phenomena of social disintegration
- High vulnerability community related to drugs and violence

These communities are characterized by the coexistence of a mixture of Gypsy, Castilian, Moroccan, Chinese, and Russian ethnic groups in the same territory.

The [Roma community](#) is one of the European ethnic minorities where a significant number of families continue to be socially excluded. For Roma girls and women, their vulnerability is even greater. They get married very young, have early pregnancies, and have families with large numbers of sons and daughters, where the older sisters take care of the little ones and have little appreciation of studies... All this leads to great challenges in order to finish their studies, which means that they cannot access well-paid jobs and that the cycle of poverty in families is perpetuated. The gypsies make their way by fighting against strongly rooted machista cultural roles. Education and empowerment are the cornerstones of their battle.

On the other hand, there are also a considerable number of young seasonal workers, known in Spanish as *temporeros* (seasonal fruit picking work), who do not follow the standard curriculum of the education system. Once they reach the age of 16, families take them to work with them on agricultural campaigns, making it very difficult for them to follow the course.

Thus, in 2015 ATREV-T began, aimed at girls at risk of abandoning the education system, and in the academic year 2016/2017, the ATREVI-2 program was added, dedicated



specifically to boys at risk of dropping out, some of them couples of the girls who graduated from the ATREV-T project, young parents who left their studies and joined the labor market, mostly temporary and who have now decided to combine their family and work life with the achievement of a high school graduate.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: The ATREV-T and ATREVI-2 programs are born with a shared purpose: the permanence and promotion of mainly Gypsy students at risk of dropping out of school and the importance of reconciling their studies with emerging reality and, on the other hand, the idiosyncrasy of Roma culture at risk of exclusion.

Both programs have as their main objective the promotion and certification of the graduate in Secondary Education of students at risk of school dropout through the coordinated work between schools and institutes of the province and the collaboration of families, institutions, and NGOs working towards the common goal of eradicating absenteeism and improving student academic performance.

Specific objectives:

1. Reinforce the awareness campaign, which is carried out for this population from the provincial plan against truancy.
2. Involve parents and families of students in relation to academic work, raising awareness and making families responsible.
3. Offer an alternative model for these students to facilitate their permanence and connection with the educational system.
4. Supervise the teaching-learning process of these students outside the school.
5. Transmit to parents the love for teaching and for their children. Education is the best tool for transforming society, the door to a future full of opportunities.

2. MAIN PROCESS/ACTIONS CARRIED OUT

The richness of these programs lies in the way in which they are implemented. In order to achieve the ultimate objective of obtaining a graduate degree in Secondary Education, each of the young people has an Individualized Educational Project that allows compatible work and family schedules with the study, thanks to the intervention of a reference tutor, who monitors class attendance and monitors curricula, coordinating all educational actions involving teachers from different educational centers as well as professionals from the Educational Guidance Team and the Area of Compensation of Inequalities in Education. This personalized plan was created by the Children and Youth Bureau of the districts of social transformation districts from a community and integral perspective.



The **ATRE-T** implementation mechanism triangulates as follows:

1. Each Children and Youth Forum identifies specific needs and targets.
2. It is derived from the core of intervention of the neighborhood and its action council, composed of neighbors of the community.
3. The Education Delegation is mobilized and will be present at the Children and Youth Forum.
4. Girls are enrolled in the education system but are assigned to the primary school located in the heart of each neighborhood (it has been the reference center for these girls).
5. They appear on the registration lists of the relevant HEIs.
6. The Neighbor Council establishes a Coordination and Follow-up Commission composed of secondary school tutors and primary professional referents, the street educator/a, the social worker of the community social service center, and a representative of each family unit.
7. In the case of minors in judicial proceedings, a project is carried out for each minor, and a commitment is signed at the Juvenile Prosecutor's Office, where absenteeism is monitored. It appears in the judgment of the Prosecutor's Office as an educational measure.
8. Each girl attends the primary school in the afternoon, three and a half hours, for three days a week.
9. The program lasts two academic years, and the completion of it is the degree in Compulsory Secondary Education (ESO).

In this sense, there is an impact on the local population in each neighborhood. The promotion of these students determines a mobilization of the territory, not only at the end but throughout the process. Sometimes, young women attend evening classes with their babies and families from the reality of the neighborhood (involving social educators, mothers, district assistants, gypsy grandmothers...). In the territory, it is possible for each girl to have a small bookcase in her home, which translates into family libraries in the neighborhood that mobilize the entire surrounding Roma population. There is a movement of the system, which has led the husbands to replicate the same program in the mornings, hence the ATREVI-2 Program.

In the case of **ATREVI-2**, distance education mentoring, and mentoring services are made available to young people who have dropped out of school due to work. But noting that this was not enough, ATREVI-2 came to influence the awareness campaign aimed at students and seasonal parents from the absenteeism project to value the importance of education. They come in the morning to take turns with the girls in the care of the sons and daughters.



3. STRONG TERRITORIALIZATION POINTS:

- It intervenes **in communities in conditions of high vulnerability related to drugs**, in Areas with Social Transformation Needs (ZNTS), being part of a policy of the Andalusian that explicitly provides a territorial approach, embodied in various legislative decrees. The intention is to dignify and de-stigmatize the life of these neighborhoods. So, the territory is clearly defined geographically.
- This strategy seeks to **facilitate access** to all young women who require it, adapting the schedule and allowing them to come to class with their sons and daughters. The boys attend their program in the morning and the girls in the afternoon to take turns taking care of the sons and daughters.
- In its beginnings, it started from a **bottom-up process and is now horizontal**: decision-making is not imposed. Thanks to the participation of the Children and Youth Forum, the education system itself, which is rigid on many occasions, has reached the level of adaptability necessary to respond to the real needs of these girls.
- The **team composition** includes people from the community as well as professionals. There is an operational, technical team consisting of a coordinator who is a member of the Roma community, a social educator, the juvenile prosecutor, a teacher, the juvenile police, social worker of the health center. This task force submits the proposals to the Barrio Council for approval.
- The Children and Youth Roundtable of the districts of the slums of social transformation works from a community and integral perspective through a **network work** between Neighborhood Councils, neighborhood gypsy associations; neighborhood associations, community social services, health centers, Juvenile Justice, Child Protection, Local Police and Minors Group of the regional police;





Social Welfare Area, Inequality Compensation Area; Andalusian Council of the Gypsy People and neighborhood educational centers.

- **The community participates in the development of the initiative** through the Neighborhood Councils, who even define where the activities are developed: sometimes classes are given in the primary school, on the premises of the neighborhood association, or in the offices of the Evangelical Church.
- -It **works in a network** with other resources of the community, such as the social canteens of the SIGA Plan, intervention with the gypsy community of Andalusia, which is run by people from the neighborhood, and Food is purchased within the community itself, promoting local trade.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- These programs **promote gender equity**, enhancing the access of girls at risk of dropping out of school, giving them the opportunity to finish their studies, and seeking their empowerment and future economic independence. Each program is aimed at a gender, which makes the actions implemented respond to the needs of each gender. Co-responsibility in the upbringing of children is encouraged. Sometimes, the husbands, if the girl could not go due to occasional illness, came to collect school work and took it to the woman.
- **Community members participate in the definition of the proposed policy and practice.** The community is not a mere passive subject; the recipients are the protagonists. This is done through the Council of the Neighborhood, which is the motor organ, constituted by neighbors and local agents' neighborhood (in the Council is the one who runs the workshop, the baker, the pastor of worship, the bartender lady... and an educator who is part of the Children and Youth Forum).
- **The activities are located in at least three of the following dimensions:** Prevention/organization of the community [an optic of social integration], education/rehabilitation [an optic of public health], **and leisure arts.** Where through participation in leisure activities and regulated studies, it seeks to promote their integration into the labor market.
- **There is a process evaluation mechanism, with a methodology of indicators (see next point) and arises from diagnosis established before the development of the policy,** intervening in Zones declared by Decree with Needs for Social Transformation (ZNTS) as deprived areas of specific and physically delimited urban areas, in whose population there are structural situations of severe poverty and social marginalization.



4. FOLLOW-UP AND ASSESSMENT SYSTEMS:

There is one follow-up system that gathers the assessment output with indicators:

https://equipotecnicoorientaciongranada.files.wordpress.com/2014/11/proyecto_atreve-t1.pdf

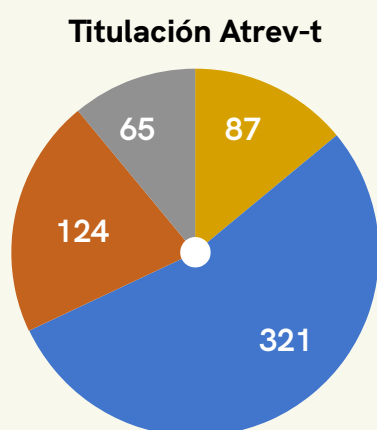
With regard to evaluation tools, the following should be noted:

1. Certifications of the educational centers with the respective degrees in Secondary Graduate.
2. Half-yearly evaluations of participants in the program.
3. Certification of educational inspection.
4. Numbers of files resolved in the Public Prosecutor's Office concerning the structural absenteeism of minors.
5. Evaluation of the district commission and the Children and Youth Forum through a qualitative estimation scale, case studies, and Likert scale.

5. OUTCOMES

Quantitative objective data (since 2015-23)

Girls 14-16	Girls 17-19	Boys 14-16	Boys 17-19	Total
321	124	65	87	597



In addition to the quantitative results, in terms of the number of young people benefiting from these programs, it should be noted that it is helping to reduce the rate of absenteeism, a rate that continues to fall and stands at 0,19% the lowest both in the historical provincial and in reference to the rest of Andalusia.

After obtaining and promoting their secondary school degree, girls continue in the educational system, carrying out Baccalaureate or Intermediate Training Cycles.



FURTHER INFORMATION

1.- Website:

Video recounting the experience of Luisa de Marillac School:

https://drive.google.com/file/d/1hTJAZLBX3Un0J67RFEQRfPhdqmP9Wccj/view?usp=drive_link

<https://www.juntadeandalucia.es/temas/familias-igualdad/minorias/programas.html#toc-comunidad-gitana>

https://drive.google.com/drive/folders/0BzYVc2FsnHPQcjA1RUhPMjBFZms?resourcekey=0-smqAwyF0gAjfFmlcoTy5Gg&usp=drive_link

<https://drive.google.com/file/d/11jswFa4cGfzdf0V0oXMICTLnFUJ0o1pz/view?usp=sharing>

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12

INTERVENTION MODEL IN ABD: INTEGRATED AND CROSS-SECTIONAL

Asociación de Bienestar y Desarrollo (Spain)

Brief description:

The model of integral and intersectoral intervention and social transformation was developed by the NGO ABD (Welfare and Development Association) in Catalonia (Spain), developing services and programs that respond to all situations that generate vulnerability or social exclusion. Dedicating to the attention of people in their life trajectories, preventing situations of social fragility, attending to their needs, involving the environment, and promoting a model of social cohesion.

EXPERIENCE DESCRIPTION

CONTEXT AND BACKGROUND

It was created in the 1980s when Spain was experiencing a boom in the use of drugs, mainly injected heroin, without an organized response to this situation. It is civil society that is organized, starting with small services and promoting the creation of new services according to the needs that are emerging, linking the administration in this response.

From the outset, we saw the complexity of the problem in all spheres of life and the social rejection suffered by people with problematic drug use and their families. The construction of a specialty in the biopsychosocial, integral approach begins. Part of a multidisciplinary team that performs an organic, biological, and social diagnosis, which is developed jointly with the user, an Individual Therapeutic Plan (ITP), where the social and territorial context also had a lot of influence, so it is necessary to work in the community, in a way that facilitates the attention to families and the integration of people in the communities, as a fundamental part.

Begins a process of structuring a Drug Network with all existing services in the territory and coordinates efforts to create missing workshops, day centers, detoxification units, therapeutic communities, and insertion floors in order to work from the biopsychosocial approach and facilitate people to have a continuum of care. Thus, the Catalan Drug Addiction Federation, to which ABD belongs, is created, as well as spaces for coordination with other services related to health, education, employment, etc., that go beyond the drug network itself.

Currently, the ABD Group is composed of ABD Association, Welfare and Development, Action Foundation, Welfare and Development, Enabling Social Services, Genus



Institute, SL, UTE CAS Prat, UTE ABD-FABD-Ecoserveis, and is present in more than 100 administration platforms and the third sector throughout the territory in which it operates (international, national and local). It is also part of consortia and partnerships to carry out specific projects in all areas of activity of the group.

ABD has been defending the rights of people in situations of social vulnerability for the past 40 years.

PROJECT OVERVIEW

1. OBJECTIVES

Overall objective: generate personal autonomy and social coexistence from some ethical principles of proximity and quality.

Specific objectives:

- Boost collective strategies to address individual issues.
- Boost an aware and informed consumption.
- Defend the right to access healthcare and social inclusion of people suffering from addictions.

2. MAIN PROCESSES/ACTIONS CARRIED OUT

The 3 pillars of ABD's intervention are:

- 1. Person-centered interventions:** these interventions transform all the concerned stakeholders. Strengthening people's autonomy means putting them in their environment. A process of improvement or insertion does not depend exclusively on the capacities of the individual but also on the opportunities that the community offers, so they empower the person by involving them in all their spaces of relationship and interest.
- 2. Advocating for a better society:** empowering and organizing collective strategies in the face of social challenges. The social bet begins when a need that affects a group of people is detected. The approaches cannot be done alone because the problems are not individual. From any service or program, they involve citizens facilitating coexistence, organizing awareness campaigns, enhancing responsibility in what is common, and being present in spaces of political deliberation.





- 3. They are the third sector and social economy:** as an alternative to an economic activity that promotes great inequalities, they offer a non-profit, transparent, and people- and community-centered economic and social model. Careful and responsible economic management ensures the reintegration of benefits into the promotion of necessary and innovative programs and services.

Importance of the process: ABD begins with some objectives, and highlighting needs has expanded its scope. They are an observatory of needs. They argue that any intervention must be flexible and constantly adapt to changes in society. By looking at real needs and having data, we make a political impact. ABD is a spearhead; they have been opening services that have since been incorporated by the administration many times.

Activities:

- Care for people with problematic consumption where they are involved in the environment: family, friends, school, work, health centers, associations, volunteering, etc.
- Political impact.
- Public awareness campaigns.
- Involvement of the private world.
- Media, social media, platforms.

Services (among others):

- **CAMS:** Shelter for people living with HIV who are socially excluded.
- **Chems Safe:** Chemsex prevention project to provide information and advice to high-risk populations.
- **Active Community:** Community project of social inclusion, which combines employment insertion, social support and accompaniment, and community participation.
- **Fight4fun:** sports boxing project with rehabilitative accompaniment to problematic consumption.
- **Mamlyona:** social and feminist entrepreneurship program for young mothers with children aged 0-3 years in a situation of social vulnerability.
- **Active women:** social and labor inclusion for women in situations of extreme vulnerability and social exclusion (monomarental women, irregular situations, residential exclusion, etc.).
- **SEXART:** HIV and other STI prevention programs targeting young migrants.
- **Fair Energy:** a network of volunteers for the defense of access to basic supplies and the fight against energy poverty carried out together with Associació Ecoserveis.



- **Energy Control:** state program for prevention and information of drugs in leisure spaces. National and International Substance Analysis Service.
- **School of Health:** workshops for prevention aimed at drug users.
- **Phoenix Project:** urban agriculture initiative to improve the employability of people in treatment for problematic drug use.
- **SEXUS Workshops on prevention of LGBT phobia:** Educational program with a gender perspective for children/adolescents, young people, and professionals on the prevention of male violence, lgtbiphobias, bullying, and sexuality
- **Social inclusion housing** for groups in a situation of residential exclusion.
- **Social Hotel**, where women who use drugs live, trans women, women sex workers,... some referrals from other services in Catalonia, such as Metzineres, which is a non-profit cooperative based in the neighborhood of Raval (Barcelona), which creates shelter environments for women who use drugs.

See: [ABD Presentation: why do we exist? \(in Spanish\)](#)

3. TERRITORIALIZATION STRENGTHS:

- **The team includes people from the community:** they are a team of more than 2,000 professionals and volunteers specialized in different areas of intervention and committed to social transformation. The volunteers are people from the community, and some of them are hired from among these volunteers.
- **Promote gender equity and cross-cultural approach.** The vast majority of staff, as well as the management of the entity, are women, and people come from 36 different cultural backgrounds, so respect for diversity is at its center. **Intervention in communities with high drug-related vulnerability.**
- This strategy seeks to **facilitate access** to care services for all those who require it.
- In its beginnings, it starts from a **bottom-up process**, which starts from the community itself and from civil society, **evolving to horizontality in coordinated work.**
- **Harm reduction work** in supervised consumer rooms. Chem Saxe and Energy Control are inspiring examples of the drug issue.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Enfoque de géneros:** Gender approach: ABD is committed to incorporating a gender perspective at all levels of the organization and stages through which the entity passes. From a feminist perspective, the entity takes into account the various options, sexual preferences, gender identities, and expressions and specifically addresses gender inequalities and all derived machista violence. In all projects, drug, job placement, sexual health, the specificity of different sexual identities is worked (Social Hotel, SEXUS Workshops on prevention against LGBT phobia, Active Community, etc.)
- **Sustainable development:** they develop specific programs to eradicate energy poverty and climate vulnerability with the aim that the energy transition leaves no one behind. As is the Fair Energy Service.
- **Service networks. Networking** with referral protocols according to the profile and needs of the person. Where complementarity is the basis. People in care for problematic drug use go to the insertion pathways and have food and clothing support, among other services. There are also companies that support labor insertion and are given work accompaniment from ABD.

An example of this work is the supermarket (La Botiga) that has been generated in the town of Prat del Llobregat in Barcelona. Social services of the City Council derive vulnerable people to this free food distribution service that operates through a currency of its own. Each family unit has a number of coins, depending on the number of people in the home, and with them, you can make the purchase in the supermarket completely autonomous and free. All Food comes from donations and projects that channel food waste from producers, distributors, and businesses. In addition, the purchase of local Food is carried out by promoting a fair relationship with producers. Buyers not only make the purchase but are invited to participate in the management of the service, collaborating three hours a month in the replenishment and sorting of Food, in the management of the box, among many other jobs. In addition, all people participate in community-based food activities: cooking workshops, exchange of recipes from around the world, collection of surplus in adjoining agricultural fields, etc. The project has an itinerary for the insertion of collaborators and an ecosystem of companies that support the project community.



4. FOLLOW-UP AND ASSESSMENT SYSTEMS

ABD has a scientific commitment, being a world leader in substance analysis. Promoting national and international meetings to share knowledge and create ethics and networks for drug knowledge. It presents annual reports with the results and scope of its actions, as well as continuous reports, which can be found published on the website of the entity: <https://abd.org/recurso/>.

The Report on [Unemployment, Health and Welfare, for example, stands out. Employment services with a community approach and their influence on well-being](#) (2018/2019) of the Active Community project. The study on [Food as a key means of inclusion and intercultural dialogue: Sample of lessons learned from European initiatives \(2016\)](#), developed within the framework of the European project "Food Relations," which aims to strengthen spaces for social participation, intercultural communication and the integration of citizens from other European countries, through the development and exchange of experiences that value Food as a tool for dialogue and inclusion.

It is also interesting to consult the website of Energy Control Analysis of the monitoring of synthetic drugs in the market: <https://energycontrol.org/servicio-de-analisis/>, as well as specific reports of the drug market, as the last one presented in 2022, [The markets for MDMA, amphetamine, and cocaine in Spain, seen through a substance analysis service](#).



5. OUTCOMES

Last annual report on the action's impact:

https://abd.org/wp-content/uploads/2022/05/WEB_ABD_MEMORIA2021_ESP-1.pdf

FURTHER INFORMATION

1.- Website:

<https://abd.org/#>

<https://abd.org/voluntariado/el-grupo-abd-toma-parte-en-la-agora-ciudadana-2023/>

<https://youtu.be/2p519ddrtUE>

[Presentación ABD ¿Por qué hacemos lo que hacemos?](#)

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13

MOVIMIENTO DE JÓVENES DE LA CALLE (MOJOCA - Street Youth Movement)

Guatemala

Brief description:

The Movimiento de Jóvenes de la Calle (MOJOCA) is a street youth movement that operates in downtown Zone 1 of Guatemala. It was born 30 years ago, led by the same young people in street conditions, to respond to their needs. It is an easily accessible mechanism that offers attention to problematic substance use, from a human rights approach, sustainable development, and social integration, promoting social inclusion, strengthening, expanding, and improving to defend their rights, the quality of their lives and contribute to the construction of a fairer and more equal society, with experiences connected to other sectors, networks and community services.

EXPERIENCE DESCRIPTION:

BACKGROUND AND CONTEXT

The dream of a movement led by street youth began to develop from an investigation carried out in April and May 1993. Gérard Lutte, professor of psychology of childhood and adolescence from the first University of Rome "La Sapienza", accompanied the participatory research with street youth.

An alternative dream began to be formed by promoting friendly relationships with street girls and boys, listening to their needs, offering biopsychosocial care services, and supporting their efforts to achieve their goals with study grants and technical training to facilitate social reintegration.

The Street Youth Movement (MOJOCA) is developing thanks to the support it receives from many people who formed a Friendship Network with Street Girls and Boys (Rete di Amicizia with le Ragazze e Ragazzi di Strada in Italy). His generous contribution allowed an agreement with the NGO "Terra Nuova," which obtained from the European Union a grant that facilitated buying a house in the center of the capital and covering the expenses of five years of the Movement. Friends of Guatemala from Belgium, the Netherlands, and the United States also supported the start-up phase of the project, which was created to respond to the needs of street youth. They are currently supported by a network of collaborators from Belgium.



Population and environment characteristics:

The Street Youth Movement operates in a community in a state of high vulnerability and social exclusion in the center of the city - Zone 1 - of Guatemala, providing services to a population in social suffering, and with all that implies a difficult and tortuous street life process, experiencing abandonment in childhood, violence, violations, among other rights violations.

Internally, the Street Youth Movement develops its activities through the network composed of the following groups:

- A street collective of young people with street life.
- Quetzalite collective, self-help by young women who left life on the street.
- Butterflies collective, children, sons, and daughters of women who overcame the street situation.
- New Generation Youth Collective.
- Change Generation Collective.

Externally, the experience is connected to other sectors, networks, and community services, with an operational network of people in the community. Educational services are provided through the Friendship School, authorized by the Directorate of Non-formal Education of the Ministry of Education of Guatemala.

The accompanied persons are grouped into the following age groups:

- 0 to 14 years
- 14 to 25 years
- 18 to 26 years



Actividad de calle, en el Parque Central en Zona 1, a un costado del Palacio Nacional de Guatemala.



PROJECT OVERVIEW

1. OBJECTIVES:

- Strengthen, expand, and improve the movement led by street girls and boys so that they can defend their rights, improve the quality of their lives, and contribute to building a more just and egalitarian national and global society.
- Support each young person in their educational process so that they can realize their own dreams and reintegrate into society as a responsible citizen or citizen.

2. MAIN PROCESS/ACTIONS CARRIED OUT

- **Actividades en la calle Street activities** (literacy, knowledge of their rights, hygiene, and health).
- **Educational services.**
- **Solidarity workshops** for training and promotion of sustainability.
- **Quetzalitas Collective**, is a self-help collective of young women who left street life to support their efforts to lead a dignified life for themselves and their sons and daughters.
- **Butterflies Collective**, a collective of girls and boys, sons and daughters of women who overcame the street situation to promote education with tenderness and the guarantee of fundamental rights, promoting their connection with nurseries/school
- **New Generation Collective**, for the promotion of citizenship building, advocacy, and public positioning.
- **Medical, psychological, and alternative treatment support techniques**, such as music therapy.
- **Scholarships and external training.**
- **Prevention, emergency, and monitoring.**
- **Training in the creation and management of micro-enterprises**, as well as seed capital facilities.
- **Technical training for formal and informal employment.** Bakery and cooking workshops are now available.
- **Financial support to rent a room** in synergy with the Association Sigo Vivo.
- **Recreational and sports activities.**
- **Community reading workshops** (held in parks and streets) to develop critical thinking.



- **Community assemblies of SDFs.**
- **Self-management** of young people in the implementation of experience actions.
- **Care for young women deprived of liberty and 8th of March Temporary Home** for young women at risk and their children. When the information was collected to integrate the Guide, these actions were on hold due to economic difficulties.

3. STRONG TERRITORIALIZATION POINTS

The **methodology or theoretical base** that supports the action of the experience of the Street Youth Movement (MOJOCA) is Community Treatment, with Latin American methodological contributions such as Pablo Freiré's Liberating Education, Liberation Theology, and the principles of Liberating Friendship. The theoretical basis promotes a relationship of liberating friendship, the most tender manifestation of love, promoter of the transformation of life, asserting the capacity of each young person to do him good, make good decisions, and take responsibility for his own life. Critical thinking and self-management are encouraged.

Elements of territorialization:

- **Dispositivo de bajo umbral, There is a low threshold mechanism** in communities in high vulnerability conditions. It is an experience consistent with your action plan.
- **The territory is clearly defined geographically;** the initiative was developed in the center of the city, Zone 1, of Guatemala.
- The experience carries out **strategies of street work** for the construction of the subjective community network, knowing the people accompanied, recognizing directly the problems and resources of the community, building relationships of trust and strengthening it, as well as offering listening service, prevention actions, alternatives for risk reduction, non-formal education, among others.
- **It arises from the need** to follow up on demands for help, fulfilling activities in their various dimensions: prevention, community organization, basic assistance, education, medical and psychological assistance, employment and work, and recreational and sports activities (community football).
- **Interdisciplinary team**, which includes peers who have left the program. In territory, they have a network of approximately 80 people.
- **Experience connected to other sectors, networks, and community services.** Articulating the community network of resources with an operational network, which articulates with the different organizations involved in the context to exchange and integrate working premises and the activation of resources present in the community. Identification and inclusion of resources in the community.
- **It is a space that provides opportunities and complementarity**, with the strength of the exercise of peer education.
- **Community representation by its stakeholders.**



- It is a **mixed** bottom-up and top-down **process**.
- Attention to problematic substance use and social reintegration (having to speak in some cases of insertion since they were never integrated into society before).
- The experience focuses on the following **content indicators**: human rights, sustainable development, service networks, gender, and social integration.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **The activities are located in at least three of the following dimensions:** in education/rehabilitation, the experience favors occupation and work (it performs training in the creation and management of microenterprises, as well as seed capital facility, developing technical training to access formal and informal employment), and fun, play, arts linked to play and fun (they perform play, fun, playful and sports activities, in parks and streets, an interesting experience are the community reading days, promoters of critical thinking).
- **A community in a highly vulnerable condition related to drugs**, by carrying out its actions in a highly vulnerable and socially excluded community in the center of the city - Zone 1 - of Guatemala, providing services to a population in social suffering, with all that implies a difficult and tortuous process of life on the street, experiencing abandonment in childhood, violence, rape, among other violations of rights. Some of them are already in problematic drug use.
- **Community members participate in the definition of the proposed policy and practice.** Active participation of the community, from the design of the proposal and in the implementation process. There are Community Assemblies of homeless people. Weekly meetings of each collective for reflection, analysis, and evaluation of the processes: community assemblies of the collective of young people living on the street, of Quetzalitas, assemblies of the collective Mariposas, and assemblies of young people Nueva Generación. Self-management of young people in the implementation of the actions of the experience.

<https://mojoca.org.gt/web/videos-youtube/> (Available in Spanish) Watch from minute 13:26 Julia Arevalo's experience (MOJOCA homeless participant, current member of the coordination team).



4. FOLLOW-UP AND ASSESSMENT SYSTEMS

The Movement applies a follow-up system for the people with whom it establishes a service provision relationship through the following process of assemblies:

- Individualized follow-up to the progress of the stages of the accompaniment process. MOJOCA, working on the basis of the needs of the people accompanied, provides a close and individualized follow-up in the stages of the accompaniment process.
- Weekly meetings of each group to socialize progress and challenges, coordinate actions, and agree on agenda and evaluation. MOJOCA, in its model, uses the format of community assemblies and working meetings of collective construction that promote responsibility and awareness.
- Monitoring, follow-up, and evaluation of the processes conducted in a sustained manner.

5. OUTCOME

Movimiento Jóvenes de la Calle (MOJOCA) has contributed to transforming the lives of many street youths in Guatemala. It has 30 years of experience, accompanied by an educational approach focused on individual attention to people and liberating friendships.

A place where street youth learn to break the cycle of the street, receive dignified, respectful, and loving treatment, active listening, knowledge of their rights and assuming their protagonism, decide about their lives, and receive support and opportunities to achieve and fulfill their dreams.

People learn to know, exercise, and claim their rights from the mobilization for social transformation.

Success keys/factors:

- The theoretical bases that support the program are committed to personal and social transformation.
- Human approach, from person to person.
- Starting from the strengths of the people accompanied.
- Working on the basis of the needs of the people accompanied.
- The stages of the accompaniment process.
- Promoting and working towards self-management.
- It is a movement of young people where they are the protagonists of their process.
- Articulation of the community network of resources.
- Accompaniment and integration of young people living on the streets.



Learning outcomes:

- The close accompaniment makes it easier to get to know each young person, their skills and talents and to be able to enhance them and promote intrinsic motivation for change.
- The sense of belonging that is developed by being part of the Movement.
- Recognition of the value of the individual.
- Young people are promoters of others in similar conditions and can live a process of change.
- Self-confidence as a result of the accompaniment process.
- Accompaniment in the street, in a space of complete freedom.
- Commitment is acquired by people to integrate into the activities and commit to their own process.

ADDITIONAL INFORMATION

In the Movimiento de Jóvenes de la calle (MOJOCA), accompaniment contributes to improving the living conditions of people in a situation of serious social exclusion, street dwellers, with problematic substance use, in a process that is lived in, with, and through the community.

We work so that the people accompanying us learn to manage the impact of rejection, the result of stigma, that they receive in society. This affects their ability to stay in school and limits their ability to find and keep a job, housing, social relationships, and self-concept.

On the other hand, at the time the information to be shared in this Guide was collected, the MOJOCA Street Youth Movement was in the midst of a mourning process due to the death of its founder, **Gèrard Lutte**, professor of child and adolescent psychology, author of many books from a non-adult-centered perspective, who inspired this experience with his life accompaniment.

FURTHER INFORMATION

1.- Website:

<https://mojoca.org.gt/web/>

https://web.facebook.com/Guatemala.Mojoca?ref=embed_page

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14

“NEW LIFE, NEW OPPORTUNITIES” SOCIAL AND WORK REINSERTION CENTRE (CRSL)

Pastoral Penitenciaria de la Iglesia Católica (Prison Pastoral Care of the Catholic Church) - (Honduras)

Brief description:

The Social and Labor Reinsertion Center "Nueva Vida, Nuevas Oportunidades" (New Life, New Opportunities) has been operating since 2018. It provides in the city of San Pedro Sula, Honduras, a space for the social reintegration of former prisoners and people in conflict with the law, with community service measures, as well as their families. The mechanism provides community treatment services, with multiple intervention processes, carrying out integral promotion with the transversal axis of evangelization, under the umbrella of the Penitentiary Pastoral of the Catholic Church of Honduras.

EXPERIENCE DESCRIPTION:

BACKGROUND AND CONTEXT

From 1998 to 2005, the Penitentiary Pastoral of the Catholic Church, carried out the integral promotion of the person deprived of freedom with the transversal axis of evangelization, working with rehabilitation programs. It generated an approach with Caritas Germany, through the contact of Efrem Milanese, an Italian expert with deep knowledge of the Latin American reality, to develop a model of Community Treatment and psychosocial rehabilitation of people with problematic use of substances that require it, based on the ECO² Model, as well as the training of agents for this task, extrapolating the experience of the model, as a community space, to the prison. This training offered another concept to the work approach that the Pastoral implemented in the prison, strengthening a work with community knowledge and methodology.

Thus, the Pastoral began its experience in Honduras by introducing the functional intervention model in the community of the San Pedro Sula penitentiary center. At that time, it joined the Central American Network of Organizations that Intervene in Social Suffering (RECOISS), of related organizations that implemented Community Treatment programs.

As part of the training process with the ECO² Model, an initial survey and mapping was carried out using the Strategic Diagnostic System (SiDiEs). After the initial exploration, the needs were identified, the network of leaders, among other aspects, and the application of instruments that are part of the model, such as field diaries, was initiated, creating



spaces for analysis to improve the implementation, considering the strengths of the people accompanied.

Improvements were made to the process implemented by the Pastoral and it was in 2005 when the work with the community treatment manual of the ECO² Model and the epistemology of complexity model of Community Ethics was introduced. After receiving training in the habilitation of Tents, they implemented this modality of **listening center**, which initially contributed to the understanding of the reasons for recidivism, identifying the limitations and lack of opportunities, which sustain the problems that can lead to deprivation of liberty.

In May 2018, the Pastoral promoted the establishment of the **"Center for Social and Labor Reinsertion "New Life, New Opportunities"**, carrying out a community organization, through the community diagnosis, as well as that of people, of the community subjective network, the operational network and the network of community resources. During this stage, a strategic alliance was established with the International Development Law Organization (IDLO) to promote the first pilot project of the social and labor reinsertion center. During this period, the reinsertion axis was strengthened, providing resources for the systematization of the experience as a civil society. The document was delivered to the government in power in Honduras, in a space of positioning and lobbying, requesting improvements in prison work. Afterwards, the Social and Work Reinsertion Centre opened to carry out reinsertion and rehabilitation processes.

Population and environment characteristics:

The Social and Labor Reinsertion Center provides services to people from 18 years of age onwards, with the regular accompaniment of senior citizens. In relation to minors, support is provided with the collaboration of the families who participate in the program.

The profile of people who are accompanied: former prisoners, as well as those in conflict with the criminal law (with measures such as community service or probation), especially for those who do not have the support of family members. In the prison community, the profile of people in conflict with the law is usually of all social classes and originating from different parts of the country.

A community communication structure is encouraged, promoting the integration and coexistence of the Center's actions with the community both inside and outside the prison. Externally, the Center supports networking, coordinating with the people who operate justice and enforcement judges, in an alliance in favor of guaranteeing the rights of persons deprived of liberty, as well as the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Addiction (IHADFA), the synergy with this area of government, with regard to psychiatric services, therapy and medication. It promotes awareness and partnership work, in order to achieve the common good.



PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: boost, develop and promote competencies, labor and personal skills of former prisoners.

Specific Objectives:

- Reduce social suffering situations in the case of people deprived of their liberty and former prisoners.
- Strengthen the support networks and promote economic responsibility and entrepreneurship initiatives.

2. MAIN PROCESS/ACTIONS CARRIED OUT

Main actions:

- Community and family organization, strengthening support networks.
- Legal assistance.
- Education for life and work.
- Medical assistance.
- Psychological and occupational therapy.
- Promoting economic responsibilities: work and self-employment with entrepreneurship initiatives.

The entity itself provides each of the above-mentioned services. The medical part is carried out in alliance with IAFA, the Honduran Institute of Drug Addiction.

The "Nueva Vida, Nuevas Oportunidades" Social and Labor Reinsertion Center provides community treatment services, on an outpatient and permanent basis, according to the possibilities of each person, with comprehensive care services, contributing to the strengths and needs, as well as the obstacles that the people accompanied will face in their reintegration process. The reinsertion plan favors the reduction of risk factors, such as recidivism, a situation that hinders the success of this transition process.

The experience offers the **Tent service**, which has a very low threshold. It is carried out for the establishment of links and as an observatory of the social dynamics in the context of mobile service to initiate and strengthen the relationship, provide specialized listening services, contributing to this process with the subjective network, with the families of the people accompanied, or those interested in the service.



On the other hand, community **prevention** actions are aimed at reducing the probability of violence occurring in different areas: home, school, community and penal centers. With youth in the community, we work on violence prevention and the promotion of social economy.

In some cases, the people who are released from prison and go to the reinsertion center are in charge of giving talks through peer-to-peer work.

3. STRONG TERRITORIALIZATION POINTS

The methodology or theoretical basis that sustains the actions of the experience of the **Center for Social and Labor Reinsertion "New Life, New Opportunities"** is the Community Treatment Model ECO², and the Epistemology Model of Community Ethical Complexity. They have evangelization as a transversal axis.

The relevant elements of territorialization are the following:

- **It is a low threshold mechanism**, which contributes in the reduction of situations of social suffering, provides services to a population in condition of high vulnerability, persons deprived and former deprived of liberty, in situation of drug use, promoting empowerment as active minorities and community organization.
- **The territory is clearly defined geographically**, the initiative is developed in the city of San Pedro Sula, Honduras.
- They apply **risk and harm reduction**, via the ECO² Model, working from a human rights approach.
- **The interdisciplinary team is composed of a diversity of people**: coordination staff, psychology, legal counsel, social work, educators and peer educators. They have received training in community treatment and harm reduction management. They rely on volunteer support, via strategic alliances.
- As part of the training process with the ECO² Model, **an initial survey and mapping** was carried out using the Strategic Diagnosis System (SiDiEs). After the initial exploration, needs were identified, as well as opportunities, such as the network of leaders, among other aspects.
- The experience considers sustainable development, promoting the integration of the people accompanied in **economic activities**, both in formal employment and self-employment, after the training process, contributing to the improvement of the quality of life and the community.
- Women with their sons and daughters receive assistance in specific situations, in the form of permanent service, for those who stay overnight in the mechanism.
- A **network of resources** is articulated, promoting the creation of an operational network (subjective community social network of the intervention operators) and increasing the effective complexity of the social networks of people, especially those who are in a situation of serious social exclusion.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Service networks** and articulation of the community network of resources. The mechanism articulates with the different organizations that participate in the context to exchange and integrate work premises and the activation of the resources present in the locality, promotes the community integration of the people accompanied with the community, which does not see the people accompanied in the Social and Labor Reinsertion Center, as a threat. The program is formally connected with other stakeholders, networks and services through strategic alliances, such as the Penitentiary Institute, Universities, which provide internships, collaborating companies via the Chamber of Commerce, the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependency (IHADFA), which provides therapy services and medicines, and the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependency (IHADFA), which provides therapy services and medicines, The Justice sector, with justice operators, as well as sentence execution judges, in synergy in favor of preserving the rights of the people accompanied, as well as collaborating with the activities of the expo-fairs where the products that are worked on in the workshops are exhibited and sold, among others.
- Actions are focused on **medical and psychological care and occupation and work**. They carry out activities of prevention, organization, basic, medical and legal assistance, education, psychological and occupational therapy, recreational spaces, occupation-work, self-employment and accompaniment to social insertion; through active life plans, occupation and work promoters, and labor reinsertion. In relation to productive inclusion, they promote the integration of the people accompanied in economic activities, both in formal employment and self-employment, after the training process, promoting the transformation and improvement of the quality of life of each person accompanied. They have a component called Azur, a program for graduates. Through this program, they make several products, including cleaning, wood, cutting and sewing, and also sell food.
- This is a **community in a highly vulnerable condition related to drugs and populations excluded from the enjoyment of fundamental human rights**, as described in the section "Characteristics of the population and the environment of this territory".



4. FOLLOW-UP AND ASSESSMENT SYSTEMS

The Social and Labor Reinsertion Center "Nueva Vida, Nuevas Oportunidades" applies as part of the ECO² Model the Therapeutic Diagnosis System, for the people with whom a service provision relationship is established.

This system integrates the first contact sheet, anamnesis, the instrument for periodic evaluation, the clinical diary, the individual case follow-up instrument, which includes the person's subjective network and the active community subjective network, the people directly involved in a community treatment process.

The mechanism performs:

- Individualized follow-up to the intervention plan in the stages of the accompaniment process.
- Comprehensive assessment identifying needs and strengths, as well as the obstacles faced in the reintegration process, via work diaries.
- Weekly meetings to follow up and evaluate the accompaniment.
- Sustained monitoring.
- Follow-up, after the reinsertion process.

5. OUTCOME

Outcome:

- The stories of the people who managed to complete the process and successfully reintegrate into society.
- The non-recidivism, after social and labor reinsertion, of the people who complete the program process. Only two cases of recidivism and three who abandoned the process have been reported.
- People accompanied with an active life plan, promoters of emotional stability, in alliance with their families.
- The generation of installed capacity in the community, via peer work, the services provided, many requested by the community, after the development of technical training.
- The community integration of the people accompanied with the community, taking into account that they do not perceive the people accompanied in the Social and Labor Reinsertion Center as a threat, on the contrary, a relationship of respect has been generated.

Success keys/factors:

- The people accompanied are the protagonists of their process.
- Give the person the vote of confidence, to improve and transform their quality of life, based on their strengths and exercise responsibility.



- Work on the basis of the needs of the people accompanied.
- Professional, empathetic and close accompaniment, with active listening.
- The theoretical underpinning of the program, which focuses on prevention, harm and risk reduction, community-based treatment of different critical situations associated with social suffering.
- Social and labor reintegration, promoting self-knowledge, fostering transformation and improvement of quality of life.

ADDITIONAL INFORMATION

The Social and Labor Reinsertion Center "New Life, New Opportunities", contemplates the organization of the information in the Strategic Diagnosis System, after the initial exploration carried out, which includes the analysis of the community leadership network, with elements such as a brief history of the community, the system of symbols, rites and myths, social representations on certain issues, analysis of conflicts and failures, sociological data, among others.

In another order, the first prison that was accompanied, the San Pedro Sula Penitentiary Center, was closed for reasons of overcrowding, armed conflict linked to the issue of drugs and security in general, and this situation overwhelmed the demand for services. This meant an arduous task of locating them, visiting them and supporting their families, at a complex time in terms of rootedness and family bonding. It was a challenging process to provide follow-up, exploring with the authorities the possibilities of giving continuity to the services, strengthening skills, sustaining rehabilitation (education, re-education, attention to drug use, among others), promoting social and labor reinsertion, enhancing the work of peers.

Some challenges have been identified:

- The issue of budget, resource management and sustainability, to provide continuity and invest in rehabilitation and reintegration.
- Stigma and discrimination: raising awareness.
- Activating social responsibility with this reality, to favor the supply and demand of services and expand the job pool.

The Center for Social and Labor Reinsertion "New Life, New Opportunities", extends thanks to Caritas Germany, Adveniat, the American Embassy, CEPUDO, as well as local donors who have collaborated with different processes for the sustainability of services.



FURTHER INFORMATION

1.- Website:

https://web.facebook.com/p/Pastoral-Penitenciaria-Iglesia-Catolica-Sps-100068374277847/?_rdc=1&_rdt

<https://www.laprensa.hn/honduras/centro-reinsercion-laboral-busca-opportunidades-exreos-ICLP1168231>

<https://www.elpais.hn/vencio-las-drogas-el-alcohol-y-11-anos-de-carcel-para-convertirse-en-una-emprendedora-de-carwash/>

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15

TEK IT TO DEM

National Council On Drug Abuse (JAMAICA)

Brief description:

Take it to Dem is a harm reduction program run by the National Council On Drug Abuse (NCDA) in several cities in different areas of Jamaica, including Kingston, St. Andrew, St. Catherine, St. James, Westmoreland, St. Ann, Trelawny and Hanover, which aims to provide care and support to street persons and other vulnerable populations at risk of drug use, HIV and social difficulties.

The program is based on an approach where medical and social services are brought directly to individuals, or individuals are brought to these services, hence the name "Tek It To Dem" or "Take it to them".

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The program began in 2009 as a result of research carried out by NCDA, which found a high incidence of drug use and HIV infections in the street population, as well as the resistance of users to approach health care facilities. It began in Kingston in collaboration with the Ministry of Health and then, over the years, was extended to other locations.

It is currently being developed in a wide range of communities, including urban, suburban and rural areas. Although the program focuses on some special populations (street people, drug users, people with HIV, sex workers), it also serves people in situations of social vulnerability.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: addressing SDF's needs and empower them to overcome social, economic and health challenges, promoting their well-being and resilience.



Specific objectives:

- Reducing HIV incidence among the covered population.
- Offering harm reduction and treatment alternatives strategies for drug users.
- Bringing basic care mechanisms and services closer to the covered population.

2. MAIN PROCESS/ACTIONS CARRIED OUT

The main actions carried out are **harm reduction actions**, through the provision of personal care kits, condoms, lubricants and sexual health education to reduce the risks associated with drug use.

With the **support of vehicles**, people are transported to health centers to link them and facilitate access to these services (blood sample analysis), as well as facilitating access to and administration of medication for those who need it. In addition, the team obtains antiretrovirals from the existing health centers for people living on the streets who require them.

For those people who so wish, accompaniment is provided for access to drug treatment centers.

Through transportation to community centers in each of the areas or by holding fairs in the communities, basic hygiene services (access to bathrooms, barbers, hairdressers, manicures and pedicures), food and clothing are provided.

Likewise, actions are generated for the processing and access to basic documentation for the people served, such as obtaining tax registration numbers, birth certificates, etc.

3. STRONG TERRITORIALIZATION POINTS

The Program **uses a person-centered approach** based on **the restitution of human rights** as its main axis and works in close collaboration with local stakeholders in each of the communities where it is implemented. Therefore, it is not a mere damage reduction mechanism, since it meets several indicators of intervention territorialization:

- There are harm reduction activities, basic assistance and medical care, as well as actions that favor the social and labor insertion of the users in their communities.
- It has a **multidisciplinary team** and peer references from the community. The team is made up of various professionals, including psychologists, social workers, counselors and peer support workers.
- **It works in collaboration** to provide comprehensive care for the physical, mental, social and emotional health needs of its users. It works in conjunction with other community organizations in the area and coordinates with community organizations, health care institutions, social service agencies and municipal institutions (such as Kingston and St. Andrew Corporation, Bellevue's Open Arms Shelter, CHARES, Missionaries of the Poor, Jamaica AIDS Support, Webster Memorial, New Kingston Civic Association and Richmond Fellowship).



- **The territory is clearly defined geographically**, with the initiative taking place in several cities in different areas of Jamaica, such as Kingston, St. Andrew, St. Catherine, St. James, Westmoreland, St. Ann, Trelawny and Hanover.
- It meets the indicator of being a **highly vulnerable drug-related community** and aims to provide care and support to street people and other vulnerable populations at risk of drug use, HIV and social difficulties.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- The policy or action **focuses on drugs and basic assistance with harm reduction strategies**, through the provision of personal care kits, condoms, lubricants and sexual health education to reduce the risks associated with drug use, from a rights restitution perspective as the main focus.
- **The practice or initiative or policy includes low-threshold mechanisms and street work strategies.** The fair spaces deployed in the communities are open to all people in the community, generating potential spaces for integration through access to services. The mobile unit facilitates the approach to the population. It is easy to access, since they use transportation that daily brings people to the centers where they can bathe, eat, receive first aid, undergo tests or access medicines.

As a result, almost all activities are implemented **outside the team's work area.**

4. FOLLOW-UP AND ASSESSMENT SYSTEMS

The first phase of the initiative has been designed by NCDA and is funded for nine months through the Global Fund grant from the Ministry of Health. The pilot project aims to reach 500 people without a fixed residence (PNFA). The pilot documents the prevalence of drug use and HIV/AIDS among NFIDs. Global positioning technology records the preferred location of groups and their migration patterns. Progress is being made in obtaining data. There are some indications that drug use patterns are changing. Agents report low levels of street injecting drug use, such as heroin. Crystal methamphetamine, also known as "crank" or "ice" has been detected among small population groups. The project enables the HIV/AIDS programme to reach a very vulnerable population by providing street care and necessary HIV/AIDS care⁷.

⁷ Source: <https://ncda.org.jm/tek-it-to-dem/>



5. OUTCOME

In relation to the results, they are identified in two dimensions, on the one hand, in relation to the persons targeted by the actions and, on the other, in relation to the impacts of the program on the dynamics of the communities.

- Users are recognized for improving their quality of life through harm reduction strategies and access to health services and care, especially those who need antiretroviral treatment because of HIV.
- On the other hand, basic care makes it possible to generate changes in the self-perception of the populations in a street situation that positions them in a place of better possibilities of social insertion in their communities.

The deployment of the program has allowed improving aspects of the coexistence of the while generating instances of encounter between street populations and other community stakeholders, as well as identifying changes in stigmatization and discrimination against street people.

FURTHER INFORMATION

1.- Website:

<https://ncda.org.jm/>

<https://ncda.org.jm/tek-it-to-dem/>

2.- Contact person:

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HARM REDUCTION INTEGRAL SERVICES

16

PREVENCASA (Mexico)

Brief description:

PrevenCasa A.C. implements in Tijuana, Mexico, a high risk and harm reduction coverage with biomedical and peer approaches, in addition to influencing public policies to improve living conditions and contribute to the reduction of structural violence that persists towards people who use drugs. Comprehensive community harm reduction services are more efficient in reaching people with problematic psychoactive substance use, and improve access to health services and overdose prevention and care.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

It was in the late 1990s that a group of health professionals and peers came together to set up a syringe exchange program. PrevenCasa was legally constituted as a civilian organization in 2007, in response to the HIV epidemic being the first harm reduction program in the region and the second in the country.

On the other hand, the union and incidence of groups of people in Mexico managed to position harm reduction in public health, charting a path towards health regulations and an alliance between civil society and government. In 2019, government funds for community harm reduction programs were eliminated by presidential decree. The national health system is fragmented and vulnerable populations and those affected by problematic drug use are not receiving health and social services at their disposal.

Tijuana is characterized as a transit route to the United States, point of deportation and destination city. It has a high concentration of people who use drugs and in the northern border are concentrated people who inject opioids (heroin and fentanyl) and one of the associated factors, apart from migration, deportation and the transfer of substances, is the influence of border regions on drug use. This area also presents sex and drug tourism. There is a river channel that serves as a border in the center of the city where the population prioritized by PrevenCasa lives, mostly in a street situation. 85% are men, 15% are women, 60% have experience of deportation, 95% have hepatitis C, of which only 2% have received treatment for this infection. More than 90% have had a wound for any reason (using syringes, violence-related injuries, insect pickets, recycling). Its main economic activity is informal work such as recycling materials, sweeping sidewalks, cleaning cars or asking for money on the



streets. 60% present some type of disability (visual, musculoskeletal) and 4% present some amputation (Calderón, 2022., Fleiz, 2019).

PrevenCasa is located in the pipeline area described, which facilitates the access of key populations, providing services in closed space called "The Zone" (La Zona) and in the streets. For years it has been the same people who have helped by referencing their peers, especially those with a deteriorating health status, injuries or needs to link to social services including support to obtain legal documents to access services. It has formed community networks and institutional stakeholders to manage resources and advocate for people's rights.

She is a recipient of social services in medicine, psychology, nutrition and social work. It has a volunteer program that includes peers, health professionals from universities such as UCSD, Stanford University, SDSU, UCLA, among others. With these strategic alliances, they can offer more services and benefit more vulnerable people. The project is mainly financed by foreign resources.

PROJECT OVERVIEW

1. OBJECTIVES:

The Overall objective is to maximize harm and risk damages associated with opioid abuse (and other drugs) and reduce the deaths by overdose in Tijuana.

Specific Objectives:

- Implement a high coverage of comprehensive risk and harm reduction services with biomedical and community approaches and those related to structural violence that prevails in the country.
- Expand coverage of the "Overdose Prevention Zone for Women" with educational and recreational activities that strengthen their self-care capacities and support networks.
- Influence public health and safety policies to help reduce the structural violence experienced by people who use psychoactive drugs in Tijuana, Mexico.

2. MAIN PROCESS/ACTIONS CARRIED OUT

- **Harm reduction programme:** syringe exchange, community showers, filtered water, rapid HIV, hepatitis C and syphilis testing and field work.
- **Community clinic:** medical care, psychology, nutrition, addiction counseling; wound care; detection of HIV, hepatitis C, syphilis, tuberculosis; detection of microbacil tuberculosis by PCR and resistance to rifampicin (GENEXPERT); treatment of infections and other health problems; provision of daily treatment for the homeless.



- **Research:** City mapping and various research studies have been conducted to generate evidence and implement strategies that benefit people, considering the context, substance and person and their needs.
- **Management** and linkage actions.

3. STRONG TERRITORIALIZATION POINTS:

It implements an evidence-based methodology integrating the principles of **harm reduction** (National Harm Reduction Coalition, 2020) and maximizing the basic interventions proposed by UNODC, WHO, and UNAIDS for HIV prevention, treatment and care between people who inject drugs (PWID). But it is not just a service of harm reduction in a community, but also meets criteria of territorialization of the action:

- **The territory is clearly defined from a geographical point of view**, and the initiative was developed in Tijuana, Mexico.
- **Its community approach** includes the involvement of people from the community (consumers, ex-users, people with HIV, LGBTQI+ community, neighbors, professionals in Nutrition, Drug Policy and Human Rights, Medicine, Nursing) who collaborate in detection, referral, counseling, health services, access to naloxone, among others.
- They have a strategy of **working in the street with low threshold** of access, taking services where there is a concentration of people who use substances and who cannot go to the intramural service due to barriers (conflicts with the police or other armed stakeholders) or lack of government services.
- It meets the indicator of **being a community in a condition of high drug-related vulnerability**, as described in the section Background and context.
- It is a **bottom-up process**, putting at the centre the person who ensures the incorporation of people in the design of strategies and decision-making on health and social welfare that focus on their needs.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Gender equity:** Promote gender equity, especially in the space called "La Zona" where women (or men authorized by them) are exclusively served with prevention and management of overdose, hydration, self-care, exchange of information between them, tips for accessing certain services, education as one of the strategies to increase their self-care capabilities and management of pleasures and risks, among others.
- **Basic assistance/harm reduction** from the point of view of rights restoration. PrevenCasa offers high risk and harm reduction coverage with biomedical and peer approaches, in addition to influencing public policies to improve living conditions and contribute to the reduction of structural violence that persists towards people who use drugs.
- Policy or action focuses on **drugs**.

4. FOLLOW-UP AND ASSESSMENT SYSTEMS

Reports every six months showing the monitoring indicators based on objectives:

- N° of people reached with services: syringe exchange program, health care.
- N° of treated people.
- N° of delivered materials.
- N° of meetings having an impact with government stakeholders.
- N° of workshops given within the community.
- Meetings of focus groups.
- N° of people assisted during an overdose.

5. SUCCESS KEYS

The keys to success are that partners are committed to the principles of Harm Reduction, and that strategies are combined at the community and institutional levels, as well as advocacy actions. Biomedical strategies and peer work generate a space appropriation environment and increase people's capabilities to reduce risks and harms from substance use. The combination with the institutional approach helps reduce stigma, discrimination against key populations, while influencing policy changes that reduce structural violence, seeking to ensure that communities enjoy the human rights recognized in the Constitution and in the international treaties and agreements signed by the national executive.



ADDITIONAL INFORMATION

Consult the following source: "[Cuqueando la chiva](#)" INPRFM (Ramón de la Fuente Muñiz National Institute of Psychiatry, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz). This source is one of the national referents in the opioid research field.⁸

FURTHER INFORMATION

1.- Website:

Goal: Prevecasa A.C.-oficial https://www.facebook.com/prevecasateam/?ref=br_rs

Instagram: @prevecasaa.c <https://www.instagram.com/prevecasaa.c/?hl=es>

Website: <https://sites.google.com/view/www-prevecasa-com-mx/inicio>

Documentary video about overdoses in Tijuana: <https://www.facebook.com/prevecasateam/videos/311494980389773/?mibextid=zDhOQc>

Watch the presentation "Cuqueando la Chiva": <https://www.youtube.com/watch?v=appdOzkkbHU>

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⁸ Sources consulted to elaborate the present document: Calderón-Villarreal, A., Terry, B., Friedman, J., González-Olachea, S. A., Chavez, A., Díaz López, M., Pacheco Bufanda, L., Martínez, C., Medina Ponce, S. E., Cázares-Adame, R., Rochin Bochm, P. F., Kayser, G., Strathdee, S. A., Muñoz Meléndez, G., Holmes, S. M., Bojorquez, I., Los Huertos, M., & Bourgois, P. (2022). Deported, homeless, and into the canal: Environmental structural violence in the binational Tijuana River. *Social science & medicine* (1982), 305, 115044. <https://doi.org/10.1016/j.socscimed.2022.115044>



17

“EL JARDÍN” (THE GARDEN) LISTENING AND WELCOMING CENTER

Youth Economic and Social Problems Research Centre (Centro de Estudios de Problemas Económicos y Sociales de la Juventud) - Peru

Brief description:

The Listening and Welcoming Centre “El Jardín” is a community intervention under the ECO² model, implemented by the Center for Studies of Economic and Social Problems of Youth (CEPESJU). It is located in the Jardín Rosa de Santa María human settlement (formerly known as La Huerta Perdida) in Lima-Peru. Started activities in 2012, seeking the involvement of the community in improving their quality of life and problems associated with alcohol and other psychoactive substances, developing health activities in the community, basic, recreational and preventive assistance associated with harm reduction. Its actions extend to the entire community at different stages of the life cycle, seeking to strengthen networks in the community through coordination with State bodies and civil society.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

Since its inception the El Jardín Project has been supported by Caritas Germany, who was interested in this proposal. The first link was established with the Municipality of Lima, the area was mapped through the georeferencing and tools of the ECO² Model. The pilot was developed in 2012 when the first SiDiEs (Strategic Diagnostic System) and some actions from Research-Action-Participation (IPA) are carried out. In 2013, the intervention began, initially with defined schedules in the area, and it is from the moment CEPESJU assumes the mechanism in 2018 that it was decided to be full-time within the community.

Population and environment characteristics:

The Rosa de Santa María Garden is located in the district of Cercado de Lima, it is a citadel with various services (schools, chapel and first level health establishment) in the center of the community, and with the operation of various social programs. It has approximately 3,000 inhabitants, with some street that is the main point of sale of psychoactive substances and with sportswear that is the place of greater confluence of the population.

The neighborhood is considered a high-risk area due to the micro-commercialization of drugs where many conditions of vulnerability, stigma, violence and crime meet, a



situation that has led to a stigmatization of the neighborhood. Other problems that are recognized are: domestic violence, use of psychoactive substances in open space, teenage pregnancy, impairments in school performance, parents absent most of the day, lack of community representatives recognized by the government.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: To involve the local community in improving the living conditions and social integration of vulnerable persons, with emphasis on the consumption of alcohol, other drugs and associated problems affecting the population of children, children, adolescents, young people and adults, at risk and in social suffering.

Specific objectives:

- Involve the community networks of the Jardín Rosa de Santa María human settlement in improving the preventive organization of the community through the Community Treatment approach.
- Develop and manage, through the Listening Centre, community treatment processes for people in vulnerable situations.
- Develop a process of visibility and training in the processes of the ECO² Model and community treatment in the framework of transferring good practices to state and other civil society organizations.





2. MAIN PROCESSES/ACTIONS CARRIED OUT

Through the Listening Center (LC) in El Jardín various activities are developed such as:

- **Street work:** the team of operators makes contact with the community, through active listening actions, identifies demands, strengthens and manages with networks. It accompanies active minorities who are volunteers/ as they develop activities contributing to the sustainability of the mechanism and project.
- **School support:** in the LC, children receive school support, work with teachers to refer cases and generate support for students in other areas.
- **Basic Assistance:** Food support, medicines and hygiene kits are provided for the entire community and people who use substances.
- **Other activities** include support in procedures, job support through scholarships, productive and income-generating workshops, health and civic campaigns, training workshops and recreational activities with the different stages of the life cycle and coordination with the different community networks.

3. STRONG TERRITORIALIZATION POINTS

It is clearly a **bottom-up process**, starting with diagnosis and work in the community network.

The team consists of technicians in social areas and community operators who are constantly trained in the ECO² model.

Meets the indicator of being **a community in a condition of high drug-related vulnerability**, as described in the section Characteristics of the population and the environment of that territory.

Its **activities** are oriented towards three dimensions:

- a. Prevention/community organization:** from the team and networks that support the mechanism, they carry out prevention actions both for users of Psychoactive Substances (PAS) and for the community in general, in psychosocial aspects such as the development of social skills and social determinants such as education and work.
- b. Basic assistance/harm reduction:** its actions include the search for help to meet basic needs such as food, hygiene kits, medicines, among others, as well as the detection of people with tuberculosis and other health conditions.
- c. Employment:** they carry out income-generating activities, search and payment of study grants, training and provision of kits for small businesses (pastries, manicure), entrepreneurship fairs.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- Part of its activities are directed **towards prevention/community organization**, aimed at both the general population and substance users, in psychosocial aspects such as the development of social skills and social determinants, education and work, through the promotion of activities for life, healthy lifestyles, among others.
- **The practice or initiative or policy is formally connected with other stakeholders, networks, services, teams operating in the same territory etc. of the community.** There is a network of resources made up of eight governmental and non-governmental institutions, where spaces for coordination, mapping of institutions, joint activities (health campaigns, civic activities, sports activities, among others) are generated. They also articulate with organizations outside the community.
- **The team has a network in the territory of at least 30 people.** There is an operational network with 62 nodes, composed of people who belong to the community, who support the process in different ways (donations, spaces, sports instructor, legal support, among others).
- **The community or territory is clearly defined from the geographical or virtual point of view and communication structure.** A previous mapping was made following the CT-ECO². It is located in the Jardín Rosa de Santa María human settlement (formerly known as La Huerta Perdida) in Lima-Peru. The neighborhood is considered a high-risk area due to the micro-commercialization of drugs where many conditions of vulnerability, stigma, violence and crime are met.

4. ASSESSMENT AND FOLLOW-UP SYSTEMS:

The team maintains a Field Journal with narrative reporting that is constantly systematized to generate quantitative reports. Diligence of the ECO² Model's own instruments such as the First Contact Sheet (HPC) and Personal Process Monitoring. They measure performance indicators in the logical framework, such as the number and performance of activities, among others. Georeferencing users to identify intervention areas or even expand to others. In addition, qualitative assessments are made orally after the activities and monthly evaluation meetings are held with corporate managers and biannual reports for the funder.



5. OUTCOME

To identify impacts, impressions of the community are collected, such as the perception of security and the perception of the developments that are taking place.

In addition, an instrument is being developed in the form of a checklist that collects the progress derived from the actions, for example, the number of children/s who improve literacy, socio-emotional aspects, or learning about social skills.

The most outstanding impacts by the team are: positioning in the community, the change in the consumption area due to the presence of the Listening Center, since the space is more used by other people and cleaner, community members become involved in LC activities, institutions take more account of the community (for example, refer cases to the LC); has a network that generates more community participation and have designed and implemented a course in ECO² for other institutions.

FURTHER INFORMATION

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18

Integrated Response Operational Plan (PORI)

Instituto para os Comportamentos Aditivos e as Dependências (ICAD) PORTUGAL

Brief description:

The Institute of Addictive Behaviors and Dependencies of Portugal implements throughout the national territory the National Plan for the Implementation of Integrated Responses to Addictive Behaviors and Dependencies (CAD). PORI is a nationwide structuring measure that promotes integrated intervention in the area of addictive behaviours and dependencies (DAC) and aims to mobilise the synergies available in the territory through the participation of public bodies and civil society. This plan consists of mapping the country to identify priority areas of intervention and then developing participatory diagnostics that lead to the creation of Integrated Response Programs (PRI).

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

PORI was launched in 2005 under the National Plan against Drugs and Drug Addiction 2005-2012, which expressed the following ideas: "(...) *territoriality (action in the different areas of intervention according to local diagnoses), integration of responses to optimise Community resources, attention to citizens and their needs, and seeking to improve the quality of interventions, together with regular evaluation*".⁹

To meet these challenges, the Institute for Drugs and Drug Addiction (followed by the Intervention Service for Addictive Behaviors and Dependence - SICAD, Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências, and since 2023 the Institute for Addictive Behaviours and Dependencies - ICAD¹⁰) initiated a process of national diagnosis and mapping of the country, in order to identify the territories where the problems associated with ICAD were most significant and, for this reason, needed a differentiated intervention adapted to local needs. This mapping was carried out by the local and regional intervention units, which mobilized the *parceros*¹¹

9 Plano de Ação Contra as Drogas e as Toxicodependências Horizonte, 2008 / Plan de Acción contra la Droga y las Toxicomanías Horizonte 2008, p. 2

10 Decreto Ley nº 89/2023, de 11 de octubre. Instituto de comportamientos adictivos y dependencias, IP - ICAD, IP.

11 *Parcero* in Spanish or *parseiro* in Portuguese is a term that with different languages and forms exists in different cultures and geographical contexts. This has been adopted during the initial stages of the process of



para que aportaran su perspectiva en la identificación y definición de las prioridades de intervención. Este mapeo condujo a la identificación de las áreas de intervención prioritarias en el contexto de las CAD y a la creación de Programas de Respuesta Integrada (PRI).

Population and environment characteristics:

It is a national proposal targeting the vulnerable population adapted to the vulnerabilities, necessities and resources of each territory that have previously been identified during the mapping.

PROJECT OVERVIEW

1. OBJETIVOS

Overall objective: The purpose of the PORI is to develop an integrated system of response of the different levels of intervention to the problems associated with addictive behaviors, based on a territorial diagnosis.

Specific Objectives:

- Build a global network of integrated and complementary responses in the areas of prevention, deterrence, risk reduction and harm minimization, treatment and reintegration.
- Increase the scope, accessibility, effectiveness and efficiency of interventions by targeting specific groups.
- Develop a process of continuous improvement of the quality of the intervention by strengthening the technical-scientific and methodological component.
- Increase knowledge about the phenomenon of addictive behaviors.

2. MAIN PROCESS/ACTIONS CARRIED OUT

The Integrated Response Operational Plan (PORI) is made operational through the identification and selection of territories in which Integrated Response Programs (PRI) will be developed after a local diagnosis. Thus, after identifying the priority territories, diagnoses were made in each of these territories to identify and characterize the existing problems and the necessary intervention for each context. This diagnosis was also prepared with the participation of partners and members of civil society and was based on a methodology proposed by the [World Health Organization](#) - Rapid Assessment and Response (RAR).

The Integrated Response Programs (PRI) are the fruit of these diagnoses. They are specific intervention programs that integrate interdisciplinary and multisectoral responses, involving (some or all) the following types of intervention: prevention, deterrence, risk reduction and harm minimization treatment and reintegration. The interventions to be

building community treatment. Its immediate meaning is: partner, ally, co-team, partner and tries to represent with a single word the meaning of the relationship of help.



developed in each area are designed according to the results of the diagnosis. This is because the diagnosis identifies the problems, the target groups, the contexts of intervention, but also the resources available and the organizations that are already involved. Crossing needs and responses allows us to identify areas of intervention for which there is still no response in the territory. Funds can be allocated to these areas of need to promote the necessary interventions in each territory, through projects developed by civil society organizations.

The participation of civil society in the preparation of the diagnosis is essential for a more complete understanding of the existing problems and lays the foundations for coordination within the PRI and the Territorial Centre.

Process importance:

PRIs are made up of partner organisations (public and private) which, together with local intervention units with territorial competence, define the objectives to be achieved in the territory, sharing responsibility for the implementation of interventions and their monitoring and evaluation. The Territorial Centres are the forum where all these parks meet and where the articulation models are defined and the integrated local territorial networks are launched to meet the different needs and to reach the common objectives initially intended.

The main objective of the establishment of the Territorial Centre is to develop the PRI as a whole, in a coordinated and concerted manner among all the organizations involved. In this sense, the creation of the Center is intended to contribute to effective networking, avoiding the isolation of interventions, and to be a space for the different partner organizations to share and solve problems together. It should be noted that the philosophy of operation implies shared management based on equity and complementarity between the different stakeholders, the State and civil society.

Activities carried out:

- Activities are different in each territory according to the identified needs. P.eg: [Filme PRI Rio Tinto](#)

3. STRONG TERRITORIALIZATION POINTS

- **Methodology or theoretical basis that supports it:** PORI has taken as a reference the strategic guidance framework defined by the International Labour Organization (ILO) for the context of the fight against poverty and social exclusion. Partnership, participation, integration and territoriality are the strategic principles underlying the creation of this Plan, including the concept of empowerment.
- **Context of limited intervention:** The territory is the frame of reference of the intervention, the centre of the definition of a common and mobilizing project. The territory is understood as an intervention context delimited by a logic of relational



dynamics, common problems and existing resources, which does not obey a formal administrative organization (for example, it may be a neighbourhood, a school, a parish and/or an interparroquial or intercomarcal geographical area).

- **Participation of partners (individuals and organizations).** It calls for integrated intervention, involving the partners and the local communities themselves at all stages of the process. From the territorial diagnosis (the RAR methodology presupposes community consultation) to the planning of interventions (the **participation of the local community** is promoted in the design of the projects to be financed) participation of the local community is essential. It is also important to highlight the representation of civil society and associations of people who use drugs in the National Council for Drug Problems, Drug Addiction and Harmful Use of Alcohol. It is a body that consults the Prime Minister and the Government on addictive behavior issues.
- **Strategies that facilitate access to all people.** One of the principles underlying the National Plan for the Reduction of Addictive Behaviour and the 2021-2030 Units is to facilitate access to treatment for all people who use drugs and need it. In the context of PORI, the mapping carried out to identify gaps in the territory and the subsequent allocation of resources has ensured equitable and universal access to services in the different areas of intervention (prevention, treatment, harm reduction and reintegration).
- In terms of **team composition** and training, each PRI has its own specific configuration, designed according to the needs identified in the diagnosis. The specific projects that make up each PRI can be of different areas of intervention, from prevention to harm reduction. Some projects may integrate people with addictive behaviors and dependencies into their team, which is very common in Harm Reduction projects.
- **Existence of a network.** This connection between partners and networking is formalized in the Territorial Center, where all stakeholders sign a Collaboration Commitment in which they specify their contribution to the common objectives defined for the territory.
- **Practice, initiative or policy includes low threshold mechanisms and street work strategies.** In urban areas, harm reduction projects offer low threshold substitution programmes, needle exchange programmes, supervised consumption programmes and street teams.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Identification and inclusion of community resources.** The territorial diagnosis makes it possible to identify lacunar/lagoons, that is, the intervention needs for which there is no response. Funds are allocated for the creation of intervention projects in areas of deprivation.
- **It operates on the basis of a coordinated system of services.** Local intervention is based on a network of partners with integrated responses, coordinated in the Territorial Centres.
- **Practice, initiative or policy is part of a policy that explicitly provides for a territorial approach.** The National Plan for the Reduction of Addictive Behaviors and Dependencies 2021-2030, approved in [Council of Ministers Resolution 115/2023 of 26 September](#), has territoriality as one of its principles, as it enhances the proximity of interventions and the decentralisation of responses to citizens, optimising Community resources. PORI is one of the instruments of the addictive behaviors national policy to operationalize this principle of territoriality and was approved by [Ministerial Order 27/2013 of 24 January](#).
- **Intersectionality** - "The recognition that the addictive behaviors problem is not limited to health issues, but is a biopsychosocial, multidimensional phenomenon, which involves a diversity of situations and involves the involvement and cooperation between all sectors of the different areas of government, public entities and civil society, working side by side towards common objectives" (National Plan for the Reduction of Addictive Behaviors and Dependencies 2021-2030). This means recognizing and integrating intersectionality and, therefore, Portuguese policy is integral, transversal to several areas, based on the biopsychosocial model, focused on the person and taking as a starting point its different vulnerabilities.
- The PORI implementation process began **from top to bottom**, that is, central services issued guidelines and provided tools for national mapping and territorial diagnostics. But once the territories are identified, the process is reversed. It is the local intervention units, together with their partners and the community, that update the diagnoses and identify the intervention needs, requesting funding from the central services.



4. FOLLOW-UP AND ASSESSMENT SYSTEMS:

The monitoring, control and evaluation of the PRIs is carried out by the Territorial Center, which must meet regularly and collect the necessary information to check whether the expected results are being achieved and, if not, make the necessary changes. The projects that make up the PRIs and are financed present monthly activity indicators and annual evaluation reports. Projects are financed for two years and, at the end of this period, sufficient evidence must be provided to justify their renewal and the need to maintain the intervention.

5. OUTCOME/SUCCESS KEYS

The implementation of PORI has made it possible to increase awareness of existing problems and needs in the field of addictive behaviors by mapping the national territory. It has also made it possible to provide the most appropriate interventions for the problems identified, taking into account the needs of each territory. The projects currently financed are planned according to the specific needs of the territory, since the funding is intended to develop previously defined interventions.

With regard to the territories, the PRIs have made it possible for all stakeholders operating in the territory to work more closely together, building a network of coordinated and coordinated partners. The populations of the territories benefit from a specific and integrated response in terms of addictive behaviors, which has made it possible to mitigate the problems associated with addictions and improve the living conditions of each territory.

On the other hand, from the point of view of sustainability, the functioning of the PRIs and Territorial Centers allows for greater co-responsibility of the partner organisations in other areas of intervention, enabling greater pooling of resources and more efficient management of resources.

FURTHER INFORMATION

1.- Website:

<https://www.sicad.pt/PT/Intervencao/Programas/PORI/SitePages/Home%20Page.aspx>

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19

PROYECTO PRÍNCIPE (Community Prevention and Innovation Integrated for populations exposed to HIV)

Centre for Guidance and Integral Research (Dominican Republic)

Brief description:

Community and Integrated Prevention and Innovation for Populations Exposed to HIV, is a project implemented by the NGO COIN (Center for Guidance and Integral Research) in areas of Santo Domingo and Santiago (Dominican Republic) which aims to provide care for people who inject drugs to reduce the risks of acquiring HIV and to promote access to health care by strengthening community HIV services, combining community support and the global community approach to sexual health and strengthening activism by strengthening participation in governance and listening to the voices of people who use drugs. It collaborates in network with the Community Resilience Collective, a collective of drug users who try to have an impact on the defense of their rights as people who use drugs, and provide services to their peers.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The Center for Guidance and Integral Research (COIN) is a private, social interest institution in the Dominican Republic, created on November 28, 1988 by a multidisciplinary team of people with shared experience in community and health work. From 2011 to 2013, work was carried out in the area of drugs through the Attitude Project, which included three components: HIV prevention, strengthening care services, and advocacy. In which it had the component of peer empowerment and education for HIV prevention were implemented in education strategies and harm reduction, to respond to the needs of vulnerable groups and key populations to HIV: sex workers, migrants, LGBTIQ+, which permeates substance use. No proposal to address harm reduction or similar strategies by the government in the country.

Community and Integrated Prevention and Innovation for Populations Exposed to HIV, emerged in 2017 funded by AIDES (France) and implemented in both the Dominican Republic and Haiti. The project seeks to provide care to people who inject drugs to reduce the risks of acquiring HIV and promote access to health care, with a particular focus on sexual and reproductive health at the community level.



It has two components: A) Work in territory to identify groups of users, and first approach for the delivery of risk reduction kits, with delivery of sanitary paraphernalia. Once the first approach is made, a relationship is maintained with the drug user, who is regularly visited in his community to provide more information, delivery of risk reduction kits and appropriate referrals to health services if the person then presents any unmet health need. B) There are also biweekly activities offering general practice, nursing, psychology, and HIV testing, hepatitis B and C and tuberculosis screening.

Network with the **Community Resilience Collective**, an independent group of drug users who try to have an impact on the defense of their rights as drug users. In turn they develop the initiative Change the pint where from street work, care for the personal image is offered as a way to dignify people in street situations. Clothes and hair and/or beard are delivered. To do this initiative (*Cámbiate la pinta*, change your look in Spanish) they count on the community, since it is the community who donate clothes and cut their hair.

From street work, identification and recognition by relevant community stakeholders is achieved, thus generating a safety framework to carry out the proposal. In this sense, it is also possible to identify the informal networks that exist in the territory, such as the links that drug users have with the community. The role of peer educators is to sensitize, accompany and educate users within communities, to implement harm reduction strategies, and empower them to assert their rights.

Population and environment characteristics:

These are people with high socioeconomic - economic vulnerability, some live in street conditions. The neighborhoods are marginalized areas of Santo Domingo (Capotillo, La Zurza, Guachupita, Capotillo, Villas Agrícolas, Villa Consuelo, Villa Francis, and San Carlos among others), and Santiago de los Caballeros (Gurabo, the hole of Puchula, Ensanche Bermúdez, Beijing, El Hoyo de Caimito, La Joya, Bella Vista, among others), reaching areas of social suffering where no formal services arrive. They are neighborhoods with a high presence of drug sales and consumption dynamics, high levels of violence and insecurity, little infrastructure in housing, water, and sanitation. These territories do not have spaces for public use (parks, sports fields, community meeting centers).

People living in these localities have high levels of vulnerability associated with situations of extreme poverty, with great difficulty in accessing services, mainly in health care and with very limited access to the formal labour market.

But at the same time, strengths are identified, such as the strength of community leaders, the commitment of peer educators, and the community involved participate and propose actions. In addition to the recognition of the COIN institution.



PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: to strengthen innovative and high-quality community-based HIV services that are differentiated and tailored to the needs of people who use drugs through a comprehensive community approach to sexual health (combining community support and biomedical techniques to reduce the HIV/AIDS epidemic) and strengthening activism (transmitting demands for the voices of people who use drugs to be heard and their participation in health governance to be strengthened).

Specific objectives:

- Create/strengthen innovative community services in the area of combined HIV and STI prevention and access to care using a holistic and differentiated approach to sexual health tailored to the needs of people who use drugs.
- Strengthen community advocacy for the development, accessibility and sustainability of innovative health services tailored to people who use drugs as part of effective community strategies.
- Ensure the sustainability of innovative services established through continuous evaluation and funding.

2. MAIN PROCESS/ACTIONS CARRIED OUT

Mobile units, a van or ambulance that moves to the community, equipped as a medical office to provide health services for populations difficult to access. Accompanied by a doctor, a nurse, a/a psychologist, a laboratory technician, a counselor, and two peer educators. Mobile units enable people furthest from the health system to access primary care, educational materials, HIV testing and counseling. Services are offered in **general medicine**, nursing, psychology, and HIV testing, hepatitis B and C and tuberculosis screening.

Accompaniments to the Integral Health Clinic of COIN, to which they refer if they need attention. It is a friendly, inclusive service for key populations, a pioneering center that provides specialized attention to populations with limited access to other resources due to stigma, such as trans women, sex workers, LGBTIQ+ people, migrant women and/or trafficked women, injecting drug users, people living with HIV/AIDS, among others, who are provided with medical care, psychological and social support. If they require any of these services the peer educator accompanies them, paying the transport.

Community strategies: face-to-face daily interventions, delivery of syringes, delivery of supplies for people who use injected drugs: health kit for harm reduction, sanitary paraphernalia for consumption, condoms..., also kits for crack users. These face-to-face interventions seek the empowerment of users, as well as the awareness of the entire community and are carried out at consumption points and on the street.



Community workshops held in spaces offered by the community. These workshops discuss harm reduction topics such as consumption, sexual practices, importance of clinical screening, human rights and empowerment, recruitment to the resilience group, sexual and reproductive health for women...

Fortnightly activities are carried out in which **services of general medicine**, nursing, psychology, and tests of HIV, Hepatitis B and C and clinical screening of tuberculosis are offered.

3. STRONG TERRITORIALIZATION POINTS:

Implements an evidence-based methodology integrating the principles of **harm reduction** (National Harm Reduction Coalition, 2020) and maximizing the basic interventions proposed by UNODC, WHO, and UNAIDS for prevention, HIV treatment and care for people who inject drugs. But it is not a mere harm reduction service, but also meets criteria for territorialisation of the action, such as:

- Implements an evidence-based methodology integrating the principles of **harm reduction** (National Harm Reduction Coalition, 2020) and maximizing the basic interventions proposed by UNODC, WHO, and UNAIDS for prevention, HIV treatment and care for people who inject drugs. But it is not a mere harm reduction service, but also meets criteria for territorialisation of the action, such as:
- **Strategies that facilitate access to all people:** mobile units access places far from services, in addition to the accompaniments made to people who use drugs by educators, paying for transportation and guaranteeing access to specialized centers such as health services, in the COIN Clinic or in the other centers that work together: Santo Socorro Health Center, Calventi Hospital, the Center for Comprehensive Care to Dependencies (CAIDEP) or National Council for HIV and AIDS (CONAVIHSIDA).
- **It is a process that arises from the bottom up**, from the needs, and counting on the resources of the community, is built in its actions in, from and with the community, but has also influenced policies. In the country there is a strong issue of persecution for being banned consumption, but progress has been made: representatives of Community Resilience have expressed their demands to representatives of key populations of the MCP¹², and the main stakeholders of the health sector becoming speakers in the VI Latin American and I Caribbean Conference on Drug Policies (CONFEDROGAS), in CONAVIHSIDA they have space through the Manager of Vulnerable Groups, and COIN's **Human Rights Observatory for Vulnerable Groups** gives them a voice when needed.
- **Team composition and training:** the coordinator, 4 peer educators community promoters, an extended team consisting of: physician, nurse, driver, bioanalyst and two counselors.
- **Existence of a community network**, based on peer educators who use substances,

12 The National Coordination Mechanism (MCP in Spanish, Mecanismo de Coordinación de País) is a national committee of volunteers which submits financing applications to the Global Fund to fight AIDS, tuberculosis and malaria. Moreover, it supervises subventions and assures the adequacy of the national response.



being active members of the Neighborhood Boards, part of the Church, and other movements of the community itself. He connects with community leaders through peer educator. As a harm reduction service, it is very important to generate links and connection with the people receiving the service through outreach interventions, but not only, work in permanent coordination with all stakeholders in the community, with formal and informal networks for facilitating access to available services. Networking also with other services: Center for Comprehensive Care to Dependencies (CAIDEP), hospitals, COIN Clinic, and HIV Comprehensive Care Services (IAS).

- **The territory is clearly defined from a geographical point of view**, the initiative is developed in vulnerable neighborhoods of Santo Domingo (Capotillo, La Zurza, Guachupita, Capotillo, Agricultural Villas, Villa Consuelo, Villa Francis, and San Carlos among others) and of Santiago de los Caballeros (Gurabo, the hole of Puchula, Ensanche Bermúdez, Beijing, El Hoyo de Caimito, La Joya, Bella Vista, among others) of the Dominican Republic.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Practice includes low threshold mechanisms and street work strategies.** Services of mobile units, which move to the community, equipped as a medical office to provide health services for hard-to-reach populations. Peer strategies. Accompaniment and transfer to health services if necessary.
- **Non-formal networks of community stakeholders.** It collaborates in a network with the Community Resilience Collective, an independent group of drug users who try to have an impact in the defense of their rights. In turn they develop the initiative "Cámbiate la pinta" where from street work, care for the personal image is offered as a way to dignify people in street situations. Clothes donated by community members and hair and/or beard are delivered.
- **Policy or action focuses on gender:** They have actions that promote gender equity, with training on the theme of sexual and productive health, and promoting the participation of all genders, being the COIN clinic inclusive for LGBTIQ+ populations and others.
- **The team is trained and sensitive to gender, rights and vulnerabilities** through a training program and ongoing awareness strategies.



4. FOLLOW-UP AND ASSESSMENT SYSTEMS

COIN has social research services. They regularly report and systematize experience.

5. OUTCOME

• With project beneficiaries

According to data collected as of December 2023, the project has carried out more than 3,300 harm reduction actions and more than 6,000 health consultations with people who use drugs, in addition it has conducted 3,065 HIV tests, identifying 115 positive people, that were linked to state HIV care and treatment services.

Thanks to the initiative to take the mobile clinic to the neighborhoods with the highest concentration of users, a remarkable advance has been achieved in the health of this population. In addition, the distribution of kits has been instrumental in protecting them from the spread of HIV by preventing needle sharing.

I give a 9 on a scale of 1 to 10 to the project. That's because of my excellent relationship with the promoters and health providers in the project, as well as the discrimination-free environment I've experienced. Overall, these conditions have greatly contributed to my overall sense of well-being and comfort in the project.

During this three-year period, I have had the opportunity to access a wide range of services and resources that have had a significant impact on my quality of life and my overall well-being. These services include reception and support despite my condition, comprehensive medical care, psychological follow-up for my mental health and regular provision of essential medical supplies. The combination of these services has been fundamental to the improvement in different aspects of your life.

I am very grateful for the friendly and professional treatment of the doctors, promoters and psychologists who are part of the project. It is one of the few places where I do not experience discrimination or exclusion

• With peer-educators

One of the keys of the project was the continuous training of peer educators, throughout the life of the project 10 peer educators have been trained, reviewing each month the topics that they requested to be reinforced, so that it was possible to continue building on what was learned in the initial workshops and responding quickly to the training needs arising from the situations they encountered in the field.

• Within the team

In addition, 6 trainers, 10 doctors, 12 caregivers (nurses, bioanalysts, counselors...) have been trained and 6 psychologists; And a training exchange was organized in which a doctor and a psychologist of the project had the opportunity to go to Puerto Rico to know different models of intervention with people who use drugs, visiting there the Community Research Initiative, Intercambios Puerto Rico and the Migrant Clinic.



ADDITIONAL INFORMATION

The strategy of peer educators, equal to equal, gives better results, and is also a motivation seeing that it can be functional without leaving consumption.

The initiator of the project was AIDES; being the founder Expertis Frances, through the fund Initiative 5%. The lack of resources and support from the government in this type of initiative is always a challenge.

But even if the project funds were to end, the Community Resilience collective has the capacity installed in the community and would continue actions on its own, such as training. In addition, COIN has secured additional funds from Expertise France, this time directly granted to COIN without intermediaries, to continue working with drug users, including creating safe spaces in communities.

FURTHER INFORMATION

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20

“STRONGHER, SAFEHER, TOGETHER” - SELF-DEFENSE TRAINING FOR VENEZUELAN FEMALE MIGRANTS AND LOCAL WOMEN

**ASMA Safety Training Academy & IOM
(Trinidad and Tobago)**

Brief description:

ASMA Security Training Academy, in collaboration with the International Organization for Migration (IOM) and funded by the US Department of State’s Office of Population, Refugees and Migration, is implementing the StrongHER project, SafeHER, TogetHER focused on integrating Venezuelan migrant women into various communities in Trinidad and Tobago. Communities identified include Arima, Tunapuna, Diego Martin, Penal and Tobago, in addition to funding from the EU’s Inclusive Cities Solidarity Communities specifically for communities in Chaguanas (center). The initiative aims to achieve this integration through self-defense training and empowerment. By addressing the specific needs of migrant women and their families, the project not only improves their safety, but also contributes to the development of a more inclusive and supportive community.

The project’s inclusive approach, which combines self-defense training with Emotional Intelligence, Crime Prevention Through Environmental Design (CPTED) and workshops on several critical topics, demonstrates a comprehensive strategy to empower participants.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The initial acceptance of this innovative project proposal was guided by a number of factors, including the increase in the migratory flow of Venezuelans in recent years, the increase in gender-based violence in Trinidad and Tobago, as well as the results of IOM’s 2022 Displacement Tracking Matrix (DTM), which revealed that gender-based violence and xenophobia were the main challenges facing migrants. Due to this strong evidence, the need to empower women and transform the structures and social relations that make violence against them possible was evident. In addition, to promote integration between Venezuelan migrants and host communities, in this case Venezuelan women, to enable their effective participation and leadership in peaceful coexistence and advocacy efforts, works through sports and cultural activities to strengthen social integration, and the development of leadership skills for women.



The community has been expanding the scope of the action by observing the challenges faced by the women participants. Thus, they are supported with transportation for those who need it, and the community contributes with food and activities to integrate Venezuelan women, a grocery store provides a basket of up to 500 dollars per family. They have also been supported with papers for those who would like to leave Trinidad and Tobago and move to other countries. As well as in the offer of jobs for some of them.

Women who are vulnerable because of their migrant status and poverty, some victims of trafficking, mothers with dependent children, who suffer violence. There is also a disconnect between local women and immigrant women, as local women thought immigrant women were in Trinidad and Tobago to take their men and jobs, and saw them as a threat, so there are challenges in incorporating migrant women into the community.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objectives: create a safer environment for Venezuelan migrant women providing them with knowledge and skills to protect themselves and their community while facilitating their integration.

Specific objectives:

- Provide participants with training in various areas related to personal security, through self-defence techniques to empower them physically and mentally.
- Knowledge of the laws related to self-defense and how to navigate the legal system in case of any incident. Participants learn how to assess their environment and make the necessary changes to improve security in their communities.
- Cybercrime prevention, equipping women with knowledge and skills to protect themselves online.

2. MAIN PROCESS/ACTIONS CARRIED OUT

Process: Initiated the project found that women not only requested training in self-defense, but required psychosocial support, and cases of human trafficking were observed. Therefore, in developing the program, other actions were added such as awareness on domestic violence, training in emotional intelligence, training in self-awareness, among other topics. But then they saw the challenge of single mothers, who couldn't go to training because they had dependent children. Thus, a space of activity was created also for the children /as, later observing that they had other difficulties, they expanded it providing them with food and they have been able to go providing transport for people who did not have money. It also observed the challenges in integrating with local women, and from there tried to integrate the same number of Venezuelan and local women in the workshops, which also involve



police officers, nurses, politicians and different people from the community, to ensure greater integration, and to associate them from the beginning of the process, adding the "Community Building" component.

At present, these are the **main actions of the programme**:

- **Self-Defense Training:** The central component of the project focuses on empowering participants with self-defense skills to protect themselves against gender-based violence. All participants who attended the programme successfully completed this training.
- **Self-awareness and Emotional Intelligence:** along with self-defense training, the project also includes sessions on self-awareness and emotional intelligence. These skills are essential to build self-confidence and resilience among participants.
- **CPTED (Crime Prevention Through Environmental Design):** Teaching participants about CPTED is crucial to creating safe and secure environments. This component adds value to the project's goal of empowering participants to protect themselves.
- **Workshops to further empower participants, including:**
 - **Business Skills:** equip participants with business skills to improve their economic independence.
 - **Law and Self-Defense:** provide a deeper understanding of legal rights and self-defense options.
 - **Violence against Women and Girls through Technology:** addressing contemporary challenges and threats facing women and girls in the digital age.
- **The subsequent inclusion of a program for children Personal Improvement Program "Seré una mejor yo / I will be a Better Me" and community building activities adds depth to the project's impact:**
 - **The inclusion of the children's program** not only enabled adult participants to complete the programme without child care concerns, but also provided professional counselling services to boys and girls, recognizing that they can also be affected by the challenges facing their families.
 - **Community Building:** the project facilitated a 'Fun Day', which played a significant role in improving relations between migrant and local participants. This promoted empathy, compassion and trust, essential elements for a harmonious community.



3. STRONG TERRITORIALIZATION POINTS:

- **The territory is clearly defined geographically**, working in specific territories including Arima, Tunapuna, Diego Martin, Penal and Tobago.
- **It is a bottom-up project**, which arises from a diagnosis, and seeks to respond to the needs of Venezuelan migrant women and proper integration into communities.
- **It works in network** with community resources, such as grocery stores that provide food, with the Community Oriented Police, which deals with community policing of the area, works with local politicians, churches are also involved, and also with NGOs from the territories, such as the organization called La Casita, an NGO run by a Venezuelan migrant.
- In the territory where they carry out the program, the installed capacity remains generating a community, to date there are 6 communities. After the sessions of the program, continuity, although more punctual, and follow-up of the participating women continue.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- **Equidad de género, Gender equity** aims to create a safer environment for Venezuelan migrant women by providing them with the knowledge and skills necessary to protect themselves and their communities.
- **Social integration**, all its actions are aimed at promoting their integration within their communities. To promote integration between Venezuelan migrants and host communities, in this case Venezuelan women, we work through the promotion of sports and cultural activities in which women of different profiles of the community participate, strengthening social integration, and developing leadership skills for women.
- **Representation of the community by its stakeholders.** The team is composed of 17 people: martial arts instructors, psychologists, sociologists, teacher, and vocational counselors, two Venezuelan women who did the program are now also hired and act as translators. Deaf and hard-of-hearing women also participate in the programme, requiring sign language interpreters.



4. FOLLOW-UP AND ASSESSMENT SYSTEMS

Pre- and post-test questionnaires are used through electronic copy, which measures not only the improvement on security, but also on integration within the community, making diagnosis of the challenges women have to integrate.

Pre Questionnaire Form: [StrongHER, SafeHER, TogetHER Women Personal and Community Project](#)

Post Questionnaire Form: [StrongHER, SafeHER, TogetHER Women Personal and Community Project](#)

It also performs daily follow-up and monitoring of the consolidation of processes through WhatsApp groups (mental health, economic independence, how they manage their day to day, what is happening to them financially, physical health).

5. OUTCOME

SafeHer, StrongHer, TogetHer Women Personal and Community Safety

	Migrantes	Host	Hard of hearing	Children	Business Migrants	Business Local
Chaguanas	11	31	2	-	3	10
Chaguanas 2	20	19	-	15	N/A	N/A
Arima	25	26	4	14	N/A	N/A
Tunapa & Diego Martín	41	37	12	13	N/A	N/A
Penal	13	22	-	10	N/A	N/A
TOTAL	110	135	18	52	3	10

Currently, the project in the areas of Tunapuna, Arima, Chaguanas, Diego Martin, Penal and Tobago is in progress with a target of 130 participants, 65 migrants and 65 members of the local community. It is scheduled to be completed by 30 November 2023, with subsequent continuity.



ADDITIONAL INFORMATION

All communities want to continue with the actions, there can be no desired continuity due to the resources scarcity.

FURTHER INFORMATION:

1.- Website:

<https://www.asmasecuritytrainingacademy.com/home>

<https://www.youtube.com/watch?v=L1uXBil4fjM>

<https://www.iom.int/countries/trinidad-and-tobago>

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21

COMMUNITY- BASED TREATMENT, "ALEROS" ATTENTION MECHANISM

National Drug Board (Presidency of Uruguay)

Brief description:

In order to strengthen the socio-health proposal for people with high social vulnerability and problematic drug use, the National Drug Board (JND), together with the presidency of Uruguay, proposes the implementation of Community Treatment mechanisms, through networking and the articulation of inter-institutional spaces, to develop strategies and actions that improve the quality of life of the participants. From a comprehensive perspective, unique and collective situations will be addressed, to improve the accessibility of participants to other spaces and mechanisms of the social health network, strengthening community networks and developing opportunities for social integration.

EXPERIENCE DESCRIPTION

BACKGROUND AND CONTEXT

The Aleros program began in 2008, from a concept of addressing the problem of drugs that seeks to provide comprehensive responses to the diverse needs of people with problematic drug use their families and communities from the organization of local resources, seeking health care, social development, culture and citizen security in each territory, while integrating the various local civil society organizations, groups that made this process sustainable.

Already in 2009, the National Drug Board (JND) defined the need to generate local and community responses that articulate actions with the first level of health care and the National Drug Care Network. For this challenge, human resources were allocated, which initially formed the Community Area.

Starting in 2010, territorial intervention in drugs, coordination of actors, formation of local networks began to be defined and some enclaves were defined (listening centers, in various modalities) in Montevideo and metropolitan area with a joint inter-institutional and community work agenda, which are accompanied in the design and implementation from continuous training and advice. In the first stage it was managed from the Intendencia of Montevideo with the support of the National Drug Board (JND), to be later integrated into the strategy of the National Drug Care Network (RENADRO).



In 2020, with the entry into force of the Mental Health Law N° 19.529, a community care model is proposed, the essentially multidimensional component of mental health and the problematic use of drugs is recognized, describing the need for an interdisciplinary and intersectoral approach.

PROJECT OVERVIEW

1. OBJECTIVES:

Overall objective: The Aleros Program aims to promote the accessibility of people in situations of extreme social vulnerability with problematic drug use, to the social health network and other networks from a community treatment approach. And contribute to the reduction of the levels of exclusion presented by people with problematic drug use in a situation of high social vulnerability and/or people in a street situation.

Specific Objectives:

- Carry out and update the participatory community diagnosis identifying the main problems linked to drug uses and the resources available to address them.
- Strengthen through networking the capacity of the programme to attract the target population and to formulate integrated and comprehensive strategies that promote an improvement in the quality of life of the people, through coordination with inter-institutional spaces, local actors, organizations and programmes.
- Make a presumptive diagnosis of the priority risk for the user/or. It is aimed at defining risks in four categories: social risk, general health, mental health, problematic drug use.
- Develop strategies of approach, interventions, referral, reference and counter-reference.
- Carry out accompanying actions and support to promote accessibility and adherence of users to specialized care and treatment services.
- Provide the monitoring and evaluation system with relevant information for the ratification or rectification of practices.



2. MAIN PROCESS/ACTIONS CARRIED OUT

The work will focus on active recruitment, accompaniment, building the demand of users, linking them to services and individual follow-up during the time established for the intervention in each case. This task is developed both in the street and in community spaces, articulating with agencies, programs and institutions for their better social integration. It is essential to formally link with Health Centers, previously identified and contacted, which have first level teams of family and community approach to ensure the linkage of users with the health system and other existing networks.

The intervention develops actions in five areas¹³:

- ***Eje Prevención-Organización: Prevention-Organization area:*** Prevention, understood as the organization of the community and activation of its resources, including universal, selective and indicated prevention.
- ***Basic assistance area-*** Risk and damage reduction: Seeks the restitution of rights, its purpose is to implement actions to reduce the impact of poverty, access to education, justice, work, housing, food, hygiene, relational support and health care.
- ***Education-construction of citizenship area:*** provides quality information and exchange on various topics, such as legal, drug use, housing, hygiene, personal safety, work, sexual (non-) reproductive health, education, food, family, psychological condition.
- ***Bio-psycho-social health care:*** coordination and support to facilitate people's access to health and social protection benefits and services, motivational interventions and the expansion of people's subjective network.
- ***Occupation and Work area:*** Seeks to improve the autonomy and working conditions of the community and of individuals, families, groups, networks, linked to situations of serious exclusion.

3. STRONG TERRITORIALIZATION POINTS

It is a **proximity program** for people who are unable to access citizen rights services; the technical teams have a physical space, but they also go to the streets to actively search for them. Some Aleros no longer make the rounds because the community recognizes them, as word of mouth is already sufficient. There are no requirements for users.

13 Areas from the Community Treatment Work Guidebook



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- The program is part of the **public policy that recognizes the need for a community approach**, which is embodied in 2020, with the entry into force of the Mental Health Law No. 19,529, which proposes a community care model. This model integrates governmental and community actors and services, entering highly excluded communities related to drug use, including the restitution of health and social rights, with individual and group actions, networking with neighbors and users, risk management and harm reduction with respect to drug use. The National Drug Network (RENADRO) includes services at all levels of care to address problematic drug use through information, counseling, diagnosis and referral centers, outpatient and day treatment centers and residential centers, among others. The Ciudadela centers operate throughout the country. These centers are considered the gateway to this drug care network.
- It proposes a **mixed approach** (top-down/bottom-up), given that, although in its beginnings it was civil society organizations that initiated the practice, government entities have included it in public policy and maintain a relationship and consultation with CSOs and communities for policy implementation, allocating resources.
- In addition, its actions include responding to the **needs of each gender**, especially in the Alero located in downtown Montevideo, where trans and gender-diverse people in street situations arrive.

4. FOLLOW-UP AND ASSESSMENT SYSTEMS

The evaluation of the Aleros mechanism is carried out by the Evaluation and Monitoring Area of the National Drug Board, applying international standards of the Quality Management System. The accompaniment of the teams, the implementation of the task, the revision of the methodology, as well as rethinking their places and forms of implementation.

5. ADDITIONAL INFORMATION

In the external evaluation of the National Drug Strategy in Uruguay 2011-2015, de Lujan & Mancebo¹⁴ consider that the Aleros program has served as a conciliator between the paradigm of health protection and that of risk and harm reduction:

¹⁴ Evaluación de la Estrategia Nacional para el abordaje del problema drogas en Uruguay. Período 2011-2015. https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/documentos/publicaciones/Evaluacion_END_2011_2015.pdf



"It is clear that in treatment actions the model based on the protection of users' health is almost hegemonic. Notwithstanding this, it can be said that the risk and harm reduction paradigm has had an incipient inclusion, especially in activities that act as a bridge to prevention (such as indicated prevention and community-based mechanisms such as listening centers and Aleros proximity mechanisms). These community-based mechanisms appear as conciliators of the two paradigms in question, but it is clear that the full incorporation of the risk and harm reduction paradigm still appears as a major challenge." (2015, p.44)

FURTHER INFORMATION

1.- Website:

infodrogas.gub.uy

<https://www.gub.uy/junta-nacional-drogas/tramites-y-servicios/servicios/aleros>

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Photo provided by: Civil society organization La Teja Barrial.



22

COMMUNITY-BASED MODEL IN CONTEXTS OF SOCIAL EXCLUSION

ENCARE FOUNDATION (Uruguay)

Brief description:

The Community-Based Model in Contexts of Social Exclusion project, implemented by the ENCARE Foundation in the Northeast of Montevideo (Uruguay), in neighborhoods of three municipalities of the city, municipalities F, D and the north of Municipality E. seeks to build with the community itself a work model that responds to its needs and demands, test it, evaluate it and validate the methodology in the confrontation with diverse and representative actors. The model includes the formation of teams integrating technicians and neighbors. We work on the street and in community centers where we build individual and collective projects, therapeutic spaces articulated with actions of inclusion and responses to the complexity of areas of vulnerability. We work in networks and focal nodes in each situation and projects in and with the community.

EXPERIENCE DESCRIPTION

CONTEXT AND BACKGROUND

Encare is a non-governmental, non-profit organization, founded in 1994, dedicated to prevention, counseling, and assistance for problems related to drug use. This entity was already working in prevention in this area, with insertion and links with neighbors and organizations. Public drug assistance resources are non-existent in the territory and minimal in the city. Therefore, it is the local actors themselves who demand to go beyond prevention and think of alternatives for the care of people with drug-related problems and their families. At the same time, as a result of the prevention work, there was a strong need to influence the community's own perception of the problem. The joint reflection between neighbors, institutions, people who use drugs in the area and the Encare team is designing a work model.

This project was developed in the northeast of Montevideo, in neighborhoods of three municipalities of the city, municipalities F, D and the north of Municipality E. These are peripheral areas with high rates of poverty and irregular settlements. Housing is a pressing problem. Unemployment and informality rates are high in this territory and this represents one of the strongest demands. As an alternative, illegal strategies are developed (micro-commercialization of drugs, sex work, theft). Numerous situations



of gender-based violence were identified. Young people dispute the urban space, denouncing the lack of places and proposals for them. There is a high dropout rate from the educational system. There is an increase in the number of homeless people and in the last period the presence of women has increased. Many families work in garbage recycling, which includes child labor. There is also sexual exploitation of children and adolescents. There is an increase in violence linked to drug trafficking. The problem of cocaine base paste consumption stands out as the most complex, both because of the increase in the number of people living on the streets due to the rupture of ties generated by addiction to this drug, as well as the physical and cognitive deterioration of people with prolonged use. In particular, we can see how it affects coexistence in the territories, both the occasional episodes with people who commit petty thefts to consume, and above all the confrontations over the monopoly of commercialization in each area. Family clans confront each other with great violence for this reason, "reckonings", homicides, shootings, which completely change the usual dynamics of local communities.

PROJECT OVERVIEW

1. OBJECTIVES:

General objective: To design and implement a community-based work model that responds to people and communities with drug-related problems, appropriate to the local reality, that can be systematized, evaluated, presented for consideration to the stakeholders involved (neighbors, drug users), local networks, policy makers and academia, for validation.

Specific objective: Drug users in the defined areas and their families are received, assisted and integrated in community spaces, shelters and support centers for citizen inclusion, addressing their problems in a comprehensive manner, with the support of their neighbors and local networks.

2. MAIN PROCESS/ACTIONS CARRIED OUT

- 1. Training for network members, neighbors and technicians.** These activities, proposed at the beginning of the project, made it possible to build a common view on the subject, as well as the management of work tools. Work was done on the deconstruction of the representations that neighbors, neighbors and technicians of the network institutions had about drugs and the people who use them, the concrete presentations of the issue in each area were identified, the discomfort and suffering revealed behind drug use, and knowledge and know-how were exchanged among the people in the community. The concept of social determinants, risk and protection factors, family, networks were worked on. Based on fictitious situations, we worked on response strategies.
- 2. Formation of teams made up of technicians and community agents.** The team is made up of three psychologists, three social workers, a social educator, two teachers, and six female community agents. They are distributed equally in two



community centers. Depending on the workshops, workshop facilitators are added.

3. **Management of listening centers and construction of particular proposals.** Individual and group spaces, workshops according to interests. Drug users and family members or significant referents were integrated and in all cases, according to needs, the linkage to services, access to rights, and integration in socio-educative spaces were worked on.
4. **Street work** with the population that spends the night outdoors, tours of the territory, bringing users closer to the centers.
5. **Participation in local networks.** Focal nodes for articulated accompaniment of people through their inclusion itineraries.
6. **Identification of neighborhood referents** and permanent dialogue with them.
7. **Prevention activities** in institutions and in the neighborhood (housing complexes, squares).
8. **Periodic evaluations.**
9. Presentation of the systematization of the experience in a **seminar** aimed at decision-makers and drug policy makers, representatives of academia, technicians working on the issue or in the territory, social organizations, local networks, neighborhood organizations. This instance, which seeks to discuss the experience and validate a working model, includes among the speakers, community agents, substance users linked to the project, local referents, members of the networks, in addition to the presentations of Encare and the project evaluators. Participation was open.
10. Definition of new **spaces for women** and dissidents with a gender focus, job training, support for entrepreneurship, access to micro-credits, fairs, educational insertion in the labor market, addressing gender violence, integration of participants in entrepreneurial networks.

3. STRONG TERRITORIALIZATION POINTS

- Construction of a **conceptual framework and methodology** based on Popular Education (Freire), participatory pedagogies, participatory research (Fals Borda), Social Psychology (Pichon Riviere - Alfredo Moffat) and community psychology, ECO² Model, Social and Solidarity Economy (Coraggio, others), Network theory (Elina Dabas). mechanism: This is the methodology for the creation of low-threshold mechanisms and street work with substance users.
- Prevention, basic assistance and harm reduction, occupation and work, recreational **activities**, inclusion of people in community resources and support for educational insertion and care in local health centers were developed. Specific spaces and lines of work were developed for women, which have evolved into more ambitious projects, and transgender people have been included, addressing



their problems of extreme violation of rights.

- **Community/territory: these are communities in a condition of high vulnerability related to drugs and multiple complexities.** They are clearly defined from the geographical or virtual point of view and communication structure of Montevideo (Uruguay), in neighborhoods of three municipalities of the city, municipalities F, D and the north of Municipality E. (Uruguay). In fact, the only requirement to participate in the proposal is to belong to the areas where the proposal is developed, given the centrality of the proposal in the local networks and the transits that people can make through them.
- **Gender equity:** multiple actions aimed at the restitution of women's and trans people's rights are developed.
- **Content:** the experience focuses on drugs, human rights, communities in vulnerable situations, sustainable development, solidarity economy, gender, formal and non-formal networks, social integration, access to services.





We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

- It is a **bottom-up process**, arising from the demand of the community, which is involved in the construction, management and evaluation of the proposal. The demand comes from the community, which participates in the design, management and evaluation in a clear bottom-up process. In the community prevention work, which has been developed for a long time, neighborhood referents are being trained in the subject. These are generally neighbors of the area, young people and adults, mostly women, but also neighborhood councilors, teachers, health personnel, popular educators, mothers and fathers of educational centers, scout youth group leaders, school or parish leaders, among others. The demand arises from this heterogeneous group and it is with them and the members of the local networks that the proposal is built. Basically, it includes:
 1. The operation of two community centers to receive and support drug users or their families in need of containment and guidance. Accompanying the construction of individual projects. And the development of diverse activities for the inclusion of participants, individual and group spaces, workshops, accompaniment to services, others.
 2. Street work with the population in this situation.
 3. The functioning of focal nodes according to each situation.
 4. Continuous work in local networks.
 5. Prevention activities at the request of the community.
 6. Registration, evaluations, systematization.
- **The initiative is formally connected with other actors, networks, services, teams operating in the same territory, etc. in the community**, from the creation of the proposal and throughout its development and evaluation. The physical spaces where the community centers operate are provided by local organizations and the community helps in their adaptation, from cleaning or mowing the lawn to making curtains. The community agents and members of the local networks are the ones who disseminate the proposal and invite people to the centers. For the follow-up of the situations, especially the inclusion itineraries, spaces of articulation are generated with significant referents of the people (relatives, friends) members of the spaces that receive the participants (health centers, educational centers, NGOs...), technicians of the team and the community agent referent of the particular person. The progress of the process is monitored at the network meetings.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

People from the community, neighbors, drug users, family members, members of institutions, participate in the training and evaluation sessions. They are interviewed. Community agents also presented their reflections at the Seminar to present the systematization of the model. Representatives of local networks also shared their opinions. It is essential to understand that the proposal is supported by everyone, that the centers managed by Encare are one of the nodes of a network that involves all the actors, through which people pass in their processes of inclusion and modification of the link with drug use.

Quickly, as men, women and transgender people approached the space, it became necessary to define differential spaces according to gender in which to work on specific problems. Care spaces are included, gender violence issues are addressed and articulated, and later, training and support spaces for entrepreneurship for women and transgender women are generated.

- **Representation of the community by its stakeholders.** The **Team** is made up of 9 technicians from the psychosocial area and 6 people from the community in the role of Community Agents (neighbors who were trained), Psychologists, Social Workers, Social Educator, Teachers and Workshop Leaders. Training was provided at the beginning and periodically as a team. The team is trained and sensitive to gender, rights, vulnerabilities, territorialization. Community agents are fully integrated into the team, participating in meetings, in welcoming people attending the center, in group spaces with participants, in street work, in networking spaces and prevention activities.

There is **participation in the teams, in the follow-up instances in the networks**, in the nodes for each case, in training instances and prevention activities, in the evaluations and in the presentation of results. We work with two networks in different areas, made up of neighbors, neighborhood commissions, sports clubs, soup kitchens, schools and high schools, health centers, NGOs, youth centers, early childhood centers, children's clubs, gender teams, networks of entrepreneurs, training centers, referral teams of the Uruguayan Institute for Children and Adolescents, municipal technicians, NGOs, others. Local networks pre-exist the project, but are enhanced and strengthened by it. Working in daily articulation with the problems of the population targeted by the action of the networks, installs common languages, commitments, and a way of working together, all involved in a common objective. Subsequently, these networks continue to be referents of the territories in their demands to the state and in the construction of interventions on different issues. And it is the networks that have allowed the work with drug users to continue despite the lack of funding.



We want to highlight this experience's potential in compliance with the following indicators as inspiring practical examples:

There are networks in the territory **in which multiple institutions are represented** (education, early childhood, health, non-formal education, social programs, local government, programs for attention to situations of gender-based violence), social organizations (neighborhood committees, housing cooperatives, religious organizations, cultural groups) and individual neighbors. We worked in focal nodes, in contact with the significant micro-networks of the people participating in the project.

- **Activities: The activities are for 30% implemented outside the team's work mechanism.** Activities are carried out in the street, in housing cooperatives, in local institutions, in squares, sports facilities and others, in addition to the two community centers. Even in the workplaces of some participants.

4. FOLLOW-UP AND ASSESSMENT SYSTEMS

The project was planned using the logical framework methodology, specifying indicators and sources of verification. Regular monitoring and evaluation by a supervisor from the funding agency (European Union).

Daily records, individual files and records of special activities are kept. Weekly team meetings are held. The progress of the project is monitored at local network meetings.

An external evaluator was hired to interview users, family members, team members, network members, neighborhood referents and to prepare mid-term and final reports on each stage of the project.

At the end of the period financed by the EU and the deadline for the design and piloting of the methodology, the experience was systematized and presented in a seminar to neighbors, members of local networks, decision makers and policy makers in the areas of Drugs, Health, Childhood and Adolescence, Social Development, municipal authorities and technicians, and representatives of academia.

5. OUTCOME

- A working model was developed and continues to be implemented to the extent of resources, with the understanding that it is a node in the network that supports people's pathways through their insertion itineraries. Other actors have taken up the proposal and are implementing it.
- The local networks have become involved, trained and taken on a perspective of the drug issue, as an emerging issue of suffering and multiple violations.



- Stigmatization of drug users in the community decreased.
- Participating individuals and families made progress in access to rights and social inclusion, gained access to resources, benefits, health care, educational insertion. Some were integrated into productive spaces, addressed specific problems, and improved some conditions. Others have had and maintain sporadic links with the proposal or disengaged.
- Challenging situations are accompanied: families with people deprived of liberty, trans women, street people victims of multiple violations, grandmothers with grandchildren in their care due to parental consumption, among other people with multiple sufferings. From there, Encare builds answers.

ADDITIONAL INFORMATION

The project describes the process of building the methodology. Once the EU funding ended, work continued with support from the networks themselves and government subsidies for short-term projects. As of 2020, there is no access to tenders to subsidize this type of projects, so Encare has maintained some lines of community work, especially with women, in coordination with other local organizations, with small funding from women's foundations, small donations and a lot of volunteering. The permanent networking makes it possible for different teams to include the users of the project in their activities. The Parish with which Encare has established an agreement provides the premises and shares human and material resources for the development of activities in a shared way, such as the workshops for women. Neighbors in the area continue to provide volunteer work and Encare's technical personnel have also worked a large part of the schedule on a voluntary basis. Small foundations have provided material inputs for the training workshops and a project to support entrepreneurship and access to microcredit for women.

FURTHER INFORMATION

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Guide to good practices
and intervention models
in Latin America and
the Caribbean and the
European Union for
addressing drug-related
social vulnerabilities.

Experiences from the
territory.



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