



Erasmus +KA210

# “Utilizing the Power of Experience”

Project

Evaluation Report

2026

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# INTRODUCTION

Substance addiction is a complex and chronic public health issue that is too multidimensional to be limited solely to the use of a specific psychoactive substance; it encompasses biological, psychological, and sociological dynamics. Studies examining the clinical course of addiction demonstrate that this phenomenon is characterized by phases of exacerbation and remission (relapse and recovery), thereby revealing that the problem cannot be resolved through single-stage and short-term interventions alone [1], [2]. In this regard, contemporary medical and psychological literature positions addiction treatment within the framework of a structured and continuous care model rather than as an acute crisis management process.

In the initial phase of the treatment process, detoxification and the medical management of withdrawal syndrome are frequently prioritized. However, the literature strongly emphasizes that detoxification alone does not constitute a definitive treatment method. The primary therapeutic objective is to address, through a holistic approach, the psychosocial patterns triggering substance use, co-occurring psychiatric comorbidities, and environmental risk factors [3]. In this context, effective treatment programs implement pharmacological and psychosocial interventions in an integrated manner. Specifically, while the effectiveness of pharmacotherapy has been demonstrated in opioid, alcohol, and tobacco use disorders, medical treatment options remain more limited for substance groups such as stimulants and cannabinoids (cannabis) [3], [4]. This heterogeneous situation indicates the inadequacy of a standardized and uniform treatment model in addiction care.

Within the psychosocial intervention dimension, motivational interviewing, cognitive behavioral therapies, relapse prevention strategies, and group therapies are particularly emphasized. The fundamental objective here is not merely to terminate substance use, but rather to strengthen the individual's impulse control mechanisms, enhance stress tolerance, and substitute addictive behaviors with functional coping strategies [3], [5]. Particularly in cases involving a history of chronic addiction, treatment success is measured not by a one-time cessation attempt, but by indicators such as adherence to treatment protocols, minimization of relapse risk, and the restoration of daily life functionality [1].

## Global Policies and Strategies in Combating Addiction

Macro-level policies and strategies addressing the issue of addiction are critical important and are at least as significant as clinical interventions. This is because implemented policies directly affect not only medical outcomes, but also individuals' access to healthcare services, the social stigmatization they are exposed to, and their level of criminal risk. When global practices are examined, it is observed that different states approach similar problems through various institutional mechanisms [6]. While some systems are shaped around prohibition and punitive sanctions, others place treatment and rehabilitation at the center, whereas certain countries construct hybrid models integrating prevention, treatment, harm reduction, and enforcement components [6].



In this context, certain national strategies may be presented as examples. The Portuguese model, as of 2001, offers an approach in which criminal sanctions were decriminalized and a health-based framework was adopted. This paradigm shift resulted in statistically significant decreases in drug-related deaths, HIV prevalence, and the burden on the penal enforcement system [8]. The Canadian model, on the other hand, stands out particularly in response to the opioid crisis through a multi-component strategy involving the widespread distribution of naloxone kits, the establishment of supervised consumption rooms, substance content analysis services, and low-threshold addiction clinics [6]. In Switzerland, the implementation of "supervised heroin-assisted treatment" protocols targeting severe opioid-dependent individuals resistant to existing treatments has also been reported to result in improvements in general health status and reductions in crimes associated with the illegal procurement of substances [9]. Therefore, it can be observed that states implement different addiction policies in accordance with their own social realities and priorities in the fight against addiction.

## Harm Reduction Approach: Rationales and Ethical Debates

One of the most prominent points of divergence in addiction policies emerges in the “harm reduction” approach. Rather than dictating the sudden and unconditional cessation of substance use, harm reduction is a pragmatic model that prioritizes minimizing the individual and public health harms caused by such use [6], [7]. The primary objective of this approach is to establish safe contact with individuals who have been pushed outside the system, thereby reducing and preventing the fatal consequences of substance use. Needle/syringe exchange programs, opioid substitution treatments, overdose intervention kits (naloxone), and supervised consumption spaces constitute the main practical examples of this approach [6], [7], [11], [14], [15]. Particularly when considering the risks of blood-borne infections and mortality observed among intravenous (injecting) substance users, harm reduction clearly emerges as a significant public health strategy [7], [10]. Moreover, such services function as a critical bridge enabling marginalized individuals to integrate into mainstream treatment and social support networks [10], [11], [15].

On the other hand, the tension between harm reduction and traditional treatment models centered on complete abstinence constitutes one of the focal points of the academic literature. The abstinence model accepts the complete cessation of the relationship with substances as the primary criterion of success and argues that irreversible harms that may arise particularly in severe addiction cases can only be prevented through this approach [17]. From this perspective, the main criticism directed toward harm reduction practices is that such interventions normalize illicit substance use and weaken the patient’s motivation to quit substance use [6], [18]. Conversely, the harm reduction model, grounded in the principle of “first, do no harm,” emphasizes that not all patients can achieve the goal of complete abstinence at the same clinical stage and that ensuring their survival throughout this process constitutes an ethical obligation in itself [6], [7], [18], [20]. This debate necessitates the redefinition of clinical success criteria in addiction treatment. Indeed, contemporary literature acknowledges the non-linear nature of recovery; it argues that relapses may constitute a natural part of the treatment process and that any reduction in the patient’s risk profile should be regarded as a valid medical and social gain [17], [18], [19].

## Rehabilitation and Policy Integration

Beyond theoretical debates, rehabilitation and harm reduction strategies should not be constructed as opposing or competing approaches; rather, they should be designed as complementary mechanisms within the same continuum of care. The recovery process from addiction does not merely signify medical improvement, but also refers to a broad ecosystem that necessitates housing, employment, the restoration of family dynamics, and reintegration into social life. At this point, the concept of “recovery capital” holds substantial importance. Recovery capital encompasses all social, personal, and environmental resources that support the individual’s recovery process and demonstrates that clinical success is directly associated with environmental support networks [11], [12], [13].

However, major structural barriers also hinder these integrated and inclusive policies. Social stigmatization emerging from the framing of addiction as a moral weakness undermines the legitimacy of both rehabilitation and harm reduction programs, thereby narrowing public support and institutional funding [14], [20]. Particularly in low- and middle-income countries, the lack of institutional infrastructure and limited budgetary resources within substance policies threaten the quality and sustainability of such services [16], [21]. Therefore, an effective addiction policy should be built on a social approach that demonstrates flexibility according to the individual’s level of risk, requires long-term monitoring, and is not solely punitive [11], [13], [16]. These theoretical discussions, ethical dilemmas, and evidence-based policy preferences presented in the literature provide an important frame of reference for understanding the implementation dynamics, structural barriers encountered, and institutional reflexes developed by organizations directly engaged in combating addiction in the field. Based on the reality that addiction is not merely a medical anomaly but a multidimensional public health issue, the findings section of the report will analytically and comprehensively examine, in light of this theoretical framework, the philosophical foundations, intervention strategies implemented in the field, and service models adopted by the two different institutions visited.

## ERASMUS +KA210 “UTILIZING THE POWER OF EXPERIENCE” PROJECT

In the literature, addiction is addressed not merely as a one-dimensional health issue in which the individual requires physical or clinical treatment, but rather as a multilayered crisis in which psychological, environmental, and social dynamics are intertwined. This theoretical transformation has revealed that purely medical interventions remain insufficient in combating addiction; instead, it has emphasized the necessity of community-based rehabilitation models that center social integration, peer solidarity, and the healing power of lived experiences. The Erasmus+ KA210 “Utilizing the Power of Experience” project, conducted by the İnsani Hayat Association and funded by the Turkish National Agency, was fundamentally built upon this theoretical foundation. Aiming to create international synergy among non-governmental organizations working in the field of addiction and to facilitate the transfer of successful field-tested experiences, this initiative was implemented in partnership with Villa Maraini, one of Italy’s well-established institutions. The primary objective of the project is to establish an international interaction platform for professionals and volunteers working in the field of addiction, while observing innovative approaches that prioritize “the power of experience” and social belonging within the recovery process. Within this scope, the operational principles of significant community-based models around the world were examined on-site, with the aim of integrating the acquired universal knowledge and successful practices into the local civil society ecosystem. Fundamentally, the project provided highly significant gains both in terms of contributing to the enhancement of institutional capacities and in developing inclusive and empathetic intervention methods for individuals who are difficult to reach within society.

The Italy-based activities, constituting the international mobility and field observation dimension of the project, were carried out within the framework of a comprehensive program in the cities of Rome and Rimini during January 2026. The process was primarily structured around an international training program organized together with the project partner Villa Maraini, where experts from different countries engaged in knowledge exchange. During these trainings, the activities of the Villa Maraini institution were comprehensively examined and observed on-site. In addition, a comprehensive observation visit was conducted to San Patrignano, one of the world’s most successful examples of the community-based rehabilitation model. There, the center’s production-oriented recovery approach, peer guidance system, and social integration processes were directly examined in the field.



In order to ensure that civil society activities were also supported at the public and diplomatic levels, the project team and participants officially visited the Embassy of the Republic of Türkiye in Rome and provided a detailed briefing regarding the strategic objectives of the project, the vision for combating addiction, and the outcomes of international cooperation.

Within the Turkish dimension of the project, institutional visits and field practices covering the provinces of Istanbul and Bursa were conducted. During the period in which representatives of Villa Maraini were hosted in Istanbul, strategic information-sharing and best-practice exchange visits were carried out with key institutions operating in the field of addiction in Türkiye. Within this scope, comprehensive visits were conducted to the Humanitarian Relief Foundation (IHH) headquarters, Bakırköy Mental and Neurological Diseases Hospital Adult Detoxification Center (AMATEM), The Green Crescent Society of Türkiye headquarters, Bahçelievler YEDAM, Pusula Sober Living Association, and the Green Crescent Bursa Rehabilitation Center. The delegation also actively participated in the street outreach activities conducted by the İnsani Hayat Association, thereby reinforcing its international field experience.

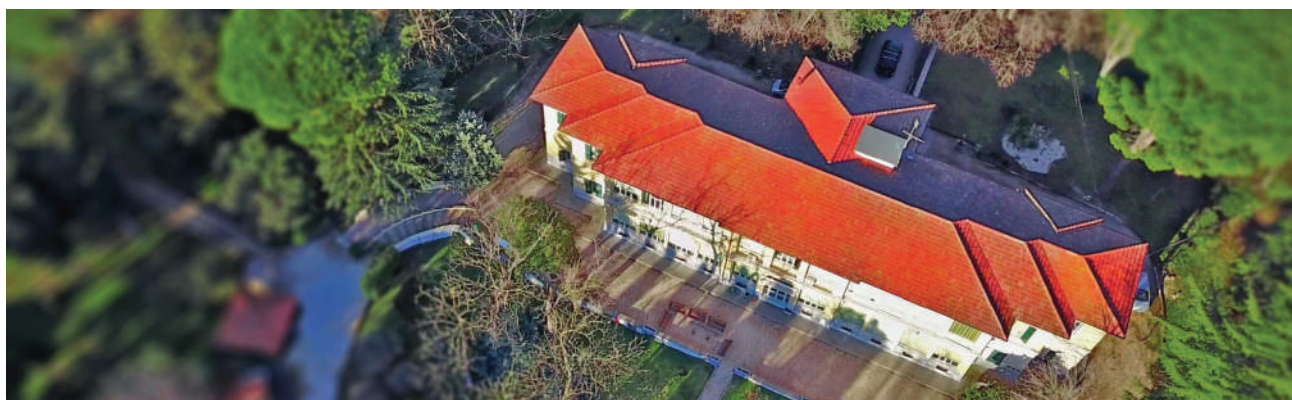
## EVALUATION OF THE FONDAZIONE VILLA MARAINI INSTITUTION

Within the Italy-based component of the project, a comprehensive three-day training activity was organized at the headquarters of the project partner Villa Maraini. During these activities, an extensive exchange of information was conducted covering the institution’s organizational structure, fundamental philosophy, fields of activity, and economic structure. In this training, which also included practical components, the Turkish delegation participated in street outreach activities in Rome and had the opportunity to observe the visible manifestations of substance use in the street environment. Throughout the entire process, the knowledge and experience gained were consolidated through face-to-face interviews, participatory observation, document analysis, and web-based research methods, and compiled in order to present a comprehensive analysis.



### Institutional Identity and History

Villa Maraini was founded in 1976 by Dr. Massimo Barra in Rome, Italy, with the aim of developing a humanitarian aid-based model as an alternative to punitive and exclusionary paradigms in the fight against drug addiction. In addition to operating within the structure of the Italian Red Cross (CRI) as a “National Agency,” the institution has been accredited by the International Federation of Red Cross and Red Crescent Societies (IFRC) as a global reference and training center in the field of pathological addictions. Located within the Red Cross campus in the Monteverde district of Rome, the foundation has directly and integrally provided services to more than 70,000 substance users since its establishment. As the only center in the region offering uninterrupted 24/7 (H24) low-threshold medical and psychosocial intervention capacity, including public holidays, Villa Maraini possesses a broad operational network ranging from emergency crisis management to long-term rehabilitation.



## Fundamental Working Philosophy

At the core of Villa Maraini's operational and therapeutic success lies a holistic philosophy that has structurally transformed traditional approaches to addiction. The institution firmly rejects reductionist perspectives that define addiction as a moral weakness, a criminal issue, or a lack of willpower. Instead, it defines addiction in line with the World Health Organization (WHO) as a "chronic and relapsing biopsychosocial syndrome" with biological, psychological, and social dimensions. This ontological understanding has led to the institutional ethical principle of "not judging, but helping." In intervention processes, rather than forcing individuals toward absolute abstinence or an immediate commitment to change, the priorities are sustaining life, minimizing harm, and gradually improving quality of life.



In the treatment process, a "tailored treatment" approach that takes into account the individual's unique dynamics is prioritized instead of standard clinical protocols. Within this framework, service users are not considered passive objects of care, but active subjects and protagonists of their own recovery process. The philosophical backbone of the institution is based on a systematic struggle against stigmatization mechanisms that marginalize individuals who use drugs and push them into social exclusion. The institutional motto, "Stigma kills more than drugs," is a concrete reflection in practice of the global humanitarian drug policy (Rome Consensus) that places human dignity and health above all punitive legal-administrative sanctions.

## Service Approach: Continuum of Care Model

Villa Maraini rejects static and standardized treatment templates and instead adopts a dynamic "Continuum of Care" model that can flexibly respond to the immediate needs, stage of addiction, and motivation level of individuals with substance use disorders. The most distinctive theoretical and practical characteristic of this model is that services are structured on the basis of a "Threshold System" consisting of permeable hierarchical layers. Within this system, barriers commonly encountered in traditional addiction treatment centers—such as rigid rules, bureaucratic obstacles, and the imposition of absolute abstinence—are minimized.

The most critical structural element enhancing the efficiency of the model is that all service units ranging from very low-threshold to high-threshold services are located within the same physical campus in the Monteverde district of Rome. This spatial integration facilitates a fluid horizontal and vertical flow of service users between units, enabling individuals with substance use disorders to transition immediately to the mechanism they require without being hindered by bureaucratic barriers or loss of motivation. Rather than excluding an individual experiencing relapse, the system flexibly re-admits them into an appropriate lower-threshold unit according to their condition, thereby ensuring protection and guaranteeing the continuity of care.



## Very Low Threshold Services

This level consists of barrier-free units that function as the first point of entry into the system, aiming to reach marginalized and street-based substance users who are completely excluded from treatment and social protection systems. At this level of intervention, no requirement is made for a commitment to change, a negative urine test, or abstinence from substance use. The success criterion is not absolute recovery, but rather survival and harm reduction.

- **Street Units:** Through mobile and outreach teams, field work is directly conducted in high-risk public areas where drug use and trafficking are concentrated. The core interventions of these units include the provision of sterile syringes and the collection of used syringes, distribution of condoms, provision of basic hygiene materials, and on-site health counselling. The services provided in this context are not considered merely as a medical material transfer (e.g., syringe distribution). On the contrary, they are regarded as a means of establishing the first human contact with users, breaking social exclusion, and building a trust-based form of solidarity.
- **Emergency Response and Prevention Unit:** This unit consists of both mobile and fixed medical facilities operating on a continuous 24/7 basis (H24), every day of the year, including public holidays. The primary function of this unit is to respond on-site and immediately to acute crises, particularly life-threatening opioid overdose cases, within the dynamics of street settings. At the core of the intervention teams is the proactive use in the field of Naloxone (Narcan), an opioid antagonist that rapidly reverses the effects of overdose. The fact that the institution has directly saved thousands of lives on the street through this unit demonstrates the vital importance of the intervention from a public health perspective. In addition, this unit functions as a non-judgmental and safe refuge for individuals who avoid accessing health services due to fear of legal sanctions or punishment, providing crisis counselling.
- **Prison Project:** This project, structured since the 1990s, is a specialized intervention area targeting individuals detained or convicted for drug-related offenses within correctional facilities. Conducted as weekly regular sessions in three main prisons in Rome, the activities include individual psychotherapy, group counselling, health screenings, and psychoeducation processes. In addition to preventing the exclusion of incarcerated individuals with substance use disorders from the system, the project also maintains contact with service users at the national level through letters and emails, carrying out preparatory work for post-release rehabilitation processes. This unit also conducts clinical assessments of prisoners' eligibility for “Alternative to Incarceration (ATI)” programs.



## Low Threshold Services

These intermediate-level services aim to gradually distance service users from street dynamics, ensure their physical, medical, and social stabilization, and enable a more structured engagement with the system. Administrative and clinical barriers to access are kept at a minimum level.

- Orientation Center:** This is an initial reception, biopsychosocial risk assessment, and referral center for individuals newly entering the system or transitioning between different units. The first interviews conducted in this center focus on identifying the service user's current capacities, the stage of their relationship with substances (honeymoon, ambivalence, or aversion), and their psychosocial needs, without forcing them into any treatment model. The process aims to ensure the barrier-free integration of the individual into the most appropriate treatment module.
- First Reception Day Center (Drop-in Centre):** This is a low-threshold facility where service users can spend time in a safe, protected, and stigma-free social environment throughout the day. No requirement for a negative urine test or abstinence is imposed for admission. Within the center, users are provided with basic services such as hot meals, hygiene facilities including showers and laundry, basic medical support such as wound care and first aid, as well as structured social and artistic activities. The non-judgmental interaction established between professionals and service users under the principle of "Genuine Reception" helps to re-activate the individual's social functioning.
- Night Shelters:** These provide safe, warm, and dignified overnight accommodation for service users who are homeless or at risk of homelessness. By protecting individuals from destructive risks such as street violence, exploitation, and adverse weather conditions, this unit functions as a stabilization component that meets basic safety needs and facilitates their participation in other medical and rehabilitative services within the campus on the following day.
- Clinical Service:** This is a 24-hour outpatient unit where medical interventions, infectious disease monitoring (HIV, HCV, etc.), and pharmacological treatment processes are continuously carried out. The unit manages withdrawal crises, medication follow-up, and the supervised administration of substitution therapies such as Methadone and Buprenorphine. Providing clinical care in a flexible structure, free from the cold and punitive atmosphere of rigid hospital settings, is one of the most important factors increasing treatment adherence among service users.



## High Threshold Services

These are the highest-level services within the rehabilitation pyramid, where the individual demonstrates strong motivation toward abstinence from substances, high treatment compliance, and engages in in-depth psychotherapeutic interventions, with the goal of comprehensive social reintegration.

- **Therapeutic Community:** This is a residential rehabilitation center where service users reside for a certain period within a structured social system and shared living environment, isolated from the external world and substances. In this community, which symbolically represents “rebirth from the ashes” (the Phoenix symbol) within institutional memory, the focus is on confronting deep-rooted psychological traumas underlying addiction, building a new and healthy lifestyle, and regaining self-care, responsibility, and social skills. Individual psychotherapy and intensive group therapy are the main tools of the process.
- **Full Residential and Semi-Residential Models:** Two different accommodation formats are offered depending on the psychosocial functioning level of the service user. The full residential model is an intensive 24-hour rehabilitation program, whereas the semi-residential model is a gradual autonomy-based approach in which users participate in therapeutic and vocational activities during the day (approximately 12 hours) and return to their own social environments in the evening. In addition, the full residential structure operates in integration with the criminal justice system, allowing individuals convicted of drug-related offenses to complete their sentences—subject to judicial approval—within this rehabilitation community as a form of “house arrest” (Alternative to Incarceration – ATI Program).
- **Open / Outpatient Community (Outpatient Rehabilitation):** This is the most flexible component of high-threshold services, enabling individuals to participate in a structured clinical and psychosocial follow-up process without interrupting their social responsibilities (work, education, family relations, etc.). While supporting independent living capacity, it includes group therapies, individual counselling, and pharmacological monitoring mechanisms aimed at minimizing the risk of relapse.
- **Social Reintegration and Follow-up:** This is a long-term monitoring and support process lasting between 12 and 24 months, designed to manage the risks faced by individuals who have successfully completed structured rehabilitation programs during their transition into social life and the labor market. At this stage, service users are supported and monitored by social workers and employment advisors in processes such as housing acquisition, vocational training, legal issue resolution, and labor market integration. In this way, the independent living skills acquired by the individual are consolidated and the cycle of social exclusion is fully broken.



## Street Work at Villa Maraini

In the Villa Maraini model, the theoretical and strategic functions of the street are operationalized through a series of specific interventions that directly engage with the biopsychosocial reality of service users and concretize the harm reduction philosophy in the field. These interventions go beyond being merely medical or social assistance activities; they encompass proactive action plans aimed at responding to crises within seconds, minimizing the risk of infectious diseases, and operationalizing a non-judgmental contact between the institution and service users. The key field practices that constitute the institution's visibility in the streets, its public health responsiveness, and its "barrier-free service" vision can be outlined as follows:

- **Mobile Units (Caravans) and Safe Contact Points:** These are mobile vehicles deployed in high-risk areas of Rome where drug trafficking and drug use are concentrated, designed as mini-clinics and counselling centers. These units operate with multidisciplinary teams consisting of social workers, psychologists, healthcare professionals, and especially peer workers/ex-users who have successfully completed the recovery process. The presence of peer workers is one of the most effective tools in breaking users' distrust of the system and creating a sense of "genuine reception" by speaking the language of the street.
- **Needle and Sterile Material Exchange Programs:** This is an intervention aimed at preventing blood-borne infections (HIV, HCV) through the distribution of clean syringes and sterile preparation kits. In the Villa Maraini practice, syringe exchange is not only a medical service but also a tool used to establish communication with service users. This act does not aim to facilitate illegal drug use, but rather represents a solidarity-based intervention that defends the right to life of the service user. The non-judgmental eye contact and dialogue established during syringe distribution constitute the first step in building a therapeutic alliance.
- **Naloxone (Narcan) Administration and Distribution:** This refers to the active field use of Naloxone by street outreach workers to reverse opioid overdoses within minutes. Through the initiative carried out under the motto "Keep calm and carry Narcan," the institution has directly saved more than 3,000 lives on the street between 1992 and 2022. In addition, Naloxone kits are distributed to at-risk users and their relatives, thereby enhancing their capacity for self-intervention in emergency situations (empowerment of users).
- **Rapid Testing, Basic Health Care, and Distribution of Protective Materials:** These are rapid HIV and Hepatitis C screening tests conducted in mobile units for individuals living on the street who are reluctant to access health institutions. In addition to testing, condoms are distributed to prevent sexually transmitted infections, and basic wound care/dressing services are provided on-site for dermatological conditions caused by street life (abscesses, open wounds).
- **Deflection and Integration with Law Enforcement:** This is an intervention that ensures individuals involved in drug-related public order incidents, whether apprehended at police stations or directly at the scene, are diverted to health and rehabilitation systems instead of being sent to prison or subjected to punitive legal processes. This activity represents an advocacy-based "alternative to incarceration" practice carried out in close cooperation with law enforcement and justice personnel in the field.
- **Collection of Used Medical Materials and Environmental Safety:** This represents the aspect of street work directed toward the wider community (local residents). It involves the collection and safe disposal of used syringes and medical waste discarded in public spaces, parks, or streets by mobile teams. This practice protects children and local residents from infection risks while also reducing public anger and resistance toward both the institution and drug users, thereby increasing the legitimacy of street-based interventions.
- **On-Site Psychosocial First Aid and Expectation-Free Listening:** Street units do not only distribute materials; they also respond without prejudice to the immediate psychological crises, traumatic outbursts, or simply the need to talk experienced by service users. This form of psychosocial first aid, delivered on the street without forcing change and while containing the individual's distress without overwhelming them, creates the perception that "they approach me because they truly value me, not for their own benefit."

## Core Functions of Street Work

In the Villa Maraini model, street work is a proactive intervention field in which services are no longer confined within the walls of the institution under a passive “waiting for the service user” approach, but are instead brought into the individual’s natural living environment. The first “trust bridge” between the substance-using individual and the institutional structure is built through these field interventions on the horizontal and non-hierarchical plane of the street. These roles transform street work from a passive assistance activity into a dynamic social work and public health intervention. The strategic functions of street work within the institution can be summarized under four main headings:

- **Reaching Marginalized Groups (Role of Engaging Individuals Outside the System):** Traditional addiction treatment centers generally rely on a passive service model that waits for the service user to voluntarily apply to the institution. However, in subcultures where substance use is highly prevalent, a large group of users remains unreachable due to fear of legal sanctions, deep mistrust toward institutions, intense feelings of shame, or the “honeymoon” stage characterized by resistance to change. The primary and most fundamental function of street work is to break this passive expectation and proactively bring services to the individual’s natural environment. Street teams and mobile units are positioned in high-risk areas to identify individuals who are entirely outside formal health and social protection systems, experiencing homelessness risk, or rendered invisible. This role represents the most concrete reflection in practice of a dynamic social work approach that does not wait for the service user, but instead delivers services directly to the center of need on a non-hierarchical basis.
- **Crisis Management and Pragmatic Life-Saving:** The most pragmatic and urgent function of street work is to eliminate the risk of death by intervening within seconds in acute crises occurring in the uncontrolled dynamics of the street. According to the harm reduction philosophy, the prerequisite for any psychosocial rehabilitation or recovery process is the survival of the individual. Street units equipped with the principle “Keep calm and carry Narcan” prevent fatal delays caused by emergency response times by immediately intervening in opioid overdoses with antagonist medication (Naloxone). This role represents a proactive crisis management function that views addiction not only as a long-term treatment process but also as an immediate public health emergency, effectively maintaining a “life watch” on the street.
- **In-Situ Anti-Stigma Intervention and Social Advocacy Role:** Stigma constitutes one of the greatest psychological barriers to access to healthcare services for individuals with substance use disorders. Centered on the philosophy that “stigma kills more than drugs,” street work simultaneously combats both societal exclusion and self-stigmatization directly in the field. Professionals and peer workers in recovery approach substance-using individuals on the street with a “unconditional acceptance,” meaning without judgment, distance, or expectations, thereby restoring a sense of human dignity that individuals may have lost. At the same time, this visibility sends a message to local residents, shopkeepers, and law enforcement that the drug user is not a “criminal,” but a “human being” in need of medical and social support. Therefore, street work assumes an active social advocacy role, not only engaging with service users but also challenging exclusionary societal perceptions in the public sphere.
- **Facilitating Transition to the Institutional System (Bridging Role):** Street work does not aim to support the service user indefinitely on the street, but rather to gradually integrate them into a more structured and safer treatment network. In this context, street units function as a safe transition bridge between the marginalizing dynamics of the street and the protective structure of the institution. Initial contact, which may begin with syringe exchange or brief conversations, gradually evolves into a therapeutic alliance based on respect. The street worker does not force the service user toward change or abstinence; however, when even a minimal sign of motivation for change, fatigue (aversion stage), or a request for help emerges, they are ready to guide the individual toward low-threshold institutional services (Day Center, Clinical Service). This catalytic role, carried out under the principle of “do not force, but be ready to offer,” enables the service user to transition into the integrated system voluntarily, without coercion or fear of exclusion.

## Professional Attitude and Ethical Approach

In the Villa Maraini model, professional intervention is defined not merely as a technical skill set, but as an ethical stance that centers the dignity and subjectivity of the service user. This approach shifts the nature of interaction between the professional and the service user from traditional clinical distance to a form of human solidarity. Professional attitude ensures that the institution's harm reduction and humanitarian philosophy is translated into individualized care through field practitioners.

- **Core Qualities: Respect, Acceptance, and Trust:** The three fundamental qualities defined by Villa Maraini for professionals working in the field of addiction are respect, unconditional acceptance, and trust. Respect refers to unconditional acceptance of the service user's current condition, beliefs, and existence. Unconditional acceptance requires receiving the service user without judgment, without expectations, and through deep listening, while being able to acknowledge their suffering without being overwhelmed by it. These qualities ensure that from the moment of entry into the institutional system, the professional relationship is built on a foundation of trust, transforming a simple service delivery process into a therapeutic alliance.
- **Being an Accompanying Presence Rather Than an Authority:** The Villa Maraini approach rejects hierarchical authority models in which the professional holds power over the service user. The professional is not a figure who forces change upon the service user, but rather a partner accompanying them on their recovery journey. This ethical stance is based on not coercing the service user into help or change, avoiding intrusive interventions, and respecting the individual's right to make their own decisions. The role of the professional is to meet the service user at their current stage and support them in regaining control over their own life through gradual, small steps.
- **Person-Centered Approach:** The person-centered approach is based on a care ethic that recognizes the service user's right to feel distress and accepts them together with all their unresolved issues. Within this approach, the service user is free to express themselves without having to conceal their symptoms. Rather than imposing a standardized treatment protocol, professional intervention offers a flexible recovery plan adapted to the individual's current needs and capacities, taking into account their uniqueness. This flexibility facilitates the service user's active participation in the treatment process by enabling them to move forward without feelings of guilt.
- **Anti-Stigma Approach:** The motto "Stigma kills more than drugs" serves as the fundamental ethical compass of professional practice. Professionals are aware of both societal prejudices and internalized stigma toward service users and therefore use a non-discriminatory and inclusive language. The anti-stigma approach does not reduce the service user to an object defined by the label "addict," but instead recognizes them as an individual whose dignity must be protected. This stance functions as a protective shield that minimizes shame and fear of exclusion, which often hinder help-seeking behavior, thereby facilitating access to social and healthcare services.
- **Working with Families:** In the Villa Maraini model, addiction is understood as a crisis that extends beyond the individual and affects the entire family system. For this reason, professional practice includes the family as an integral part of the care process. Family work aims to reduce feelings of guilt, strengthen communication between family members, and establish a supportive home environment for the service user. These systemic support interventions increase the sustainability of the recovery process and constitute a critical area of intervention that reduces the risk of relapse.

## EVALUATION OF THE SAN PATRIGNANO COMMUNITY

Within the Italy-based component of the project, the Turkish delegation conducted a one-day visit to the campus of the San Patrignano community, located in the city of Rimini, as another target organization. Within the scope of this visit, comprehensive information sharing and on-site observation were carried out regarding the San Patrignano community’s working philosophy, recovery model, treatment practices, and physical infrastructure. The knowledge and experience gained throughout this process were consolidated through face-to-face interviews, participatory observation, document analysis, and web-based research methods, and compiled in order to present a comprehensive analysis.



### Institutional Identity and History

San Patrignano, located on an approximately 300-hectare area near the city of Rimini in Italy, is defined in the addiction treatment literature as one of the most comprehensive examples of the long-term residential “therapeutic community” model, which differs significantly from classical clinical and biomedical approaches. With an institutional history of approximately 50 years, the structure initially emerged as a small-scale initiative; however, over time it became institutionalized and evolved into a globally recognized rehabilitation ecosystem. The core identity of the institution is built not on being a hospital or treatment center offering short-term medical interventions, but rather on providing a holistic living environment in which individuals are socially, vocationally, and psychologically reconstructed. In terms of operational scale, the center hosts between 950 and 1,000 residential participants simultaneously and employs approximately 200 professional staff members. Observations indicated that the institution reports a rehabilitation success rate of around 70%, a figure supported by longitudinal studies conducted by independent academic institutions such as the University of Bologna. The sustainability of the institutional structure is based on a sophisticated production model organized through 4 to 5 main cooperatives and encompassing approximately 20 different sectors (including bakery, textile, leather processing, winery, graphic design, agriculture, etc.). The economic identity of San Patrignano is characterized as a self-sustaining ecosystem that generates the vast majority of its income through its own productive activities and minimizes dependency on external funding. This structural model not only equips participants with technical skills but also serves a function of restoring individual self-esteem through direct contribution to the sustainability of the community. In this respect, San Patrignano represents a hybrid institutional structure that addresses addiction as a social issue through channels of economic productivity and social reintegration.

## Fundamental Working Philosophy

At the core of the San Patrignano model lies a philosophy that views substance addiction not merely as a biomedical symptom or a clinical case, but as an ontological and social crisis deeply intertwined with the individual's life history. This philosophy is built upon four fundamental pillars that represent a radical departure from classical treatment approaches:

- **“Education-Based Recovery” Paradigm (Not Medicated, It’s Educated):** The operational philosophy of the institution is summarized by the principle “Not medicated, it’s educated.” This approach frames the recovery process not as a pharmacological intervention, but as a long-term learning process in which the individual reconstructs self-regulation mechanisms. The person is repositioned from a passive patient receiving treatment to an active “subject” who contributes effort to their own recovery process, assumes responsibility, and prepares for social life.
- **Approach to the Psycho-Social Origins of Addiction:** Substance use is generally understood as the outcome of deeper emotional and social fractures. Observations indicate that the core factors underlying addiction include family conflicts, lack of belonging, feelings of worthlessness, repressed anger, and traumatic past experiences. In this context, San Patrignano does not focus solely on stopping substance use, but rather places at the center of rehabilitation the search for answers to why the individual turned to substances in the first place, emphasizing confrontation with the past and the reconstruction of personal narrative.
- **Collective Life and Peer Dynamics:** Philosophically, the removal of the individual from isolation and their integration into community life is essential. The recovery process is defined not as an individual effort but as a collective act. Self-awareness and recognition of personal potential are seen as possible through witnessing the experiences of others and living within shared community rules. This structure replaces the isolation and concealment tendencies commonly associated with addiction with a model of continuous contact and transparent social living.
- **Value System and Character Formation:** The model provides a form of character education grounded in universal moral values, independent of any religious affiliation. Working through one’s labor, avoiding waste, taking responsibility within the community, and being useful to others constitute the foundational elements of this value system. In particular, the experience of being useful to others (altruism) has been observed as one of the most powerful restorative mechanisms for rebuilding self-esteem that has been damaged during the addiction process.



## Gradual Rehabilitation Process

The rehabilitation process at San Patrignano is a structured process that does not consider abstinence from substance use alone as sufficient, but rather aims at social, vocational, and psychological transformation. The process consists of three main interconnected stages:

- **First Stage: Social Adaptation, Trust Building, and Peer Guidance**

In the San Patrignano model, the beginning of the rehabilitation journey is based on the principle of completely removing the individual from the complex and unstable environment experienced in the outside world, and enabling adaptation to a collective living system while reconstructing damaged self-confidence and trust in the environment. This initial period is not a traditional, medically oriented clinical intervention, but rather a process of intense social interaction, deep human connection, and socialization.

- **Peer Guidance Mechanism (Buddy System):** In this most sensitive phase of adaptation, a new participant who enters the center is never left alone. Instead, they are directly paired with an experienced peer who has adopted the institutional system, gained a certain level of seniority, and achieved success in rehabilitation. This system, which is often compared in practice to the “buddy” system in military service, positions the mentor not only as someone who dictates rules but also as a tangible and convincing role model who demonstrates through their own existence that recovery from addiction is truly possible.
- **Rebuilding Trust and Empathy-Based Relationships:** Individuals who have developed chronic suspicion and distrust toward both themselves and the external world due to past addiction cycles attempt to overcome this barrier through peer support. The presence of a guide who has personally experienced similar withdrawal crises, anger episodes, and deep states of despair creates the first safe harbor that enables the individual to hold onto the system even before professional medical or therapeutic intervention. This non-judgmental acceptance and unconditional human closeness help break rigid defense mechanisms and facilitate openness to the recovery process.
- **Core Motivational Factors:** Findings from field observations indicate that the most dominant turning points leading individuals into treatment and rehabilitation are the inability to fulfill parental responsibilities and failures in family roles. Indeed, a striking example from field data shows that a participant’s confrontation with their own deteriorated physical appearance due to substance use (such as redness in the eyes), when innocently questioned by their child, led to a harsh confrontation with the severity of their condition and became the strongest triggering factor for seeking treatment.
- **Principle of Not Being Alone and Collective Living:** During this critical adaptation phase, a strict “no isolation” rule is applied in order to completely eliminate tendencies such as hiding, social withdrawal, and isolation that develop during addiction. Individuals are required to constantly move in pairs and remain within a continuous communication network, which may initially feel restrictive and challenging for newcomers. However, this method has been identified as a vital bridge that enables the individual to regain social visibility, abandon the need for concealment, and relearn how to build healthy relationships within a community.

- **Second Phase: Production-Based Vocational Training and Character Development**

In the San Patrignano model, the second phase of rehabilitation is the stage in which the individual, following the completion of the basic adaptation process, is integrated into the production ecosystem. In this phase, work functions not merely as an activity that fills free time; rather, it serves as a central learning environment designed for discipline, responsibility, and the reconstruction of social identity.

- **Sectoral Orientation:**

In the San Patrignano model, while determining in which production and work areas participants will be assigned, the individual's personal interests, aptitudes, physical capacities, and potential risk factors arising from their past experiences are analyzed through a holistic approach. The placements carried out in this direction are planned entirely with a risk management strategy that serves the person's recovery needs and keeps them away from their previous harmful habits. Approximately 20 different industrial and craft sectors actively operating within the institution offer distinct psychosocial gains tailored to these developmental needs of individuals.

As part of this dynamic structure, in leather and textile workshops, through high-quality production operations carried out in collaboration with world-renowned global brands, individuals have the opportunity to directly observe the tangible and professional market value of their labor. This situation restores the awareness of producing value for society, which was significantly damaged during the addiction period, as well as the impaired self-esteem. Similarly, in the weaving workshop, production processes carried out using traditional handlooms, which require intense focus, patience, and perseverance, function as a powerful antidote to the impulse-driven and immediate gratification-seeking mechanism underlying addiction psychology, while the weaving of threads stitch by stitch creates a symbolic connection with the individual's gradual reconstruction of their own life.

On the other hand, the bakery sector, which requires a high tempo and continuous team coordination, provides individuals with the practice of managing healthy conflict even under intense stress. Departments such as the laundry, where social interaction and communication are highly intensive, offer opportunities for individuals who were previously withdrawn and socially disconnected to regain and strengthen their communication skills and social bonds. Consequently, all these different production branches, through strategically guided placement considering risk factors, are transformed into holistic rehabilitation tools that support the psychosocial development of the individual. sosyal gelişimini destekleyen bütünsel birer rehabilitasyon aracına dönüşür.

- **Economic Structure, Wage Policy, and Altruism**

San Patrignano's economic model is based on an independent structure organized in the form of cooperatives, with a significant portion of its financial sustainability derived from the goods and services it produces itself. One of the most distinctive areas where this unique economic functioning is integrated with the rehabilitation process is the wage policy implemented by the center. Accordingly, no financial payment is made to participants during the first years of their involvement in the system. The individual's ability to gain a professional worker identity and access a paid employment system and its associated rights becomes possible only after successfully completing an approximately three-year-long process of consistent detoxification, adaptation, and personal development.

On the other hand, a significant portion of the revenue generated from these production activities is transferred to various global and local social responsibility projects, such as providing support to underprivileged communities in Cuba or operating animal shelters. In this way, a strong culture of altruism is established within the center. This participatory and socially oriented model plays a critical transformative role in enabling the individual to move away from being a passive figure who previously engaged in self-destructive behaviors and caused harm to their environment and family, and instead become a productive, constructive, and active subject who directly contributes to humanity, nature, and other living beings.

- **Certification and Employability**

In the San Patrignano model, vocational training programs that plan the individual's post-departure process from the center and their sustainable reintegration into society are organized with full academic rigor and discipline. Within this scope, strategic collaborations are established with globally leading organizations such as L'Oréal, ensuring that the training provided to participants is certified with professionally recognized qualifications that hold official validity across Europe. The implementation of theoretical and practical examinations within vocational training processes under the direct supervision of university professors, and in accordance with the highest professional standards, guarantees the pedagogical and technical quality of the process.

The qualified certificates obtained by the individual and the high-level professional discipline they internalize constitute the most critical stage that directly enables them, after leaving the rehabilitation center, to stand confidently on their own feet in the outside world, to build a fully economically independent life, and to transition from being an excluded individual in the competitive labor market to becoming a desirable and well-equipped professional.



- **Third Phase: Psychological Deepening, Confrontation with the Past, and Resocialization**

The third phase of the rehabilitation process in the San Patrignano model represents a critical period in which the individual has fully adapted to the disciplined lifestyle and working order of the center, has completely shed the defensive masks carried from the past, and has become genuinely prepared to confront their inner world. In this stage, which centers on psychological deepening, honest confrontation with the past, and reintegration into society, the process moves beyond superficial behavioral changes and addresses the underlying root causes of addiction.

Throughout this process of deepening and confrontation, approximately one quarter of the participants become part of a more structured clinical process by receiving professional psychological counseling and therapy support. These psychological interventions focus on the underlying dynamics that drove the individual toward substance use, unresolved family conflicts, severe childhood traumas, histories of violence, or deeply rooted chronic feelings of worthlessness. However, recovery is not allowed to remain solely an individual effort carried out behind closed doors. By encouraging the transparent sharing of personal stories, difficulties, and traumas within the community, a practice of individual pain and confrontation is transformed into a collective instrument of healing and empathy that contributes to the psychological development of the entire group.

The process of reconnecting the individual with the outside world, from which they have long been disconnected, is managed through an extremely controlled, gradual, and cautious strategy. During the first six months, considered the most sensitive period of the process, strict prohibitions are imposed on telephone use and family visits in order to prevent external psychological triggers and ensure that the individual focuses entirely on their own recovery. By the end of the first year, when the individual begins to establish internal balance and gains a certain level of willpower, controlled family visits are permitted, thereby establishing the first healthy bridges with the outside world. Following the completion of a long and stable two-and-a-half-year detoxification period, the individual is granted the right to make more flexible home visits. In this way, the person is gradually prepared for real life, social responsibilities, and societal roles beyond the protected boundaries of the center.

Throughout this comprehensive process, the development of the individual's willpower and healthy relationship management is also monitored with great care. In order to prevent individuals recovering from addiction from turning toward different forms of emotional dependency, seeking new escape mechanisms, or developing unhealthy attachments to fill the void left by substance use, romantic relationships are consciously restricted during the early and middle stages of rehabilitation. At the same time, the rule prohibiting isolation and remaining alone, implemented to fundamentally break the individual's tendencies toward withdrawal and self-isolation developed during the addiction period, ensures that the person remains within a continuous network of social interaction and solidarity.

Ultimately, this gradual and multilayered structure, in which each stage responds to a different developmental need, approaches addiction not merely as a problem of physical detoxification, but as a multidimensional crisis that deeply disrupts all psychological, social, and emotional areas of an individual's life, while offering a sustainable process of social transformation.

## Social Order and Discipline Mechanisms

In the San Patrignano model, rehabilitation is not limited to clinical sessions conducted at specific times; rather, it is based on transforming the entirety of daily life into a therapeutic instrument. Institutional functioning is carried out through a meticulously structured system of discipline encompassing meal arrangements, clothing regulations, communication restrictions, and rules governing social interaction.

- **Daily Life as Self-Control and Willpower Development**

In the San Patrignano model, every seemingly ordinary detail and routine of daily life is, in fact, carefully designed as an educational instrument aimed at reconstructing the self-control mechanisms and sense of personal responsibility that individuals had completely lost in the outside world during the period of addiction. Life within the center is not a place where free time is left unstructured; rather, it is a structured field of recovery in which individuals rediscover their own boundaries and social rules.

Within this framework, the dining hall and nutritional practices at the center go far beyond merely satisfying physiological hunger and instead function as a space for decision-making and assuming responsibility for the consequences of those decisions. During meal distribution, participants are offered different portion options such as quarter, half, or full portions in order to enable them to accurately assess their immediate level of hunger and physical needs. Individuals are completely free to choose among these options. However, the fundamental condition and most important rule accompanying this freedom is that individuals are obliged to finish the portion they select and avoid wasting any food. For individuals coming from an addiction background characterized by impulsivity, excess, and a lack of boundaries, this practice provides an extremely critical and transformative experience in learning to determine their real needs in a balanced manner, regulate immediate desires, and, most importantly, develop willpower by fully assuming concrete responsibility for the decisions they make.

Another important pillar of daily life, namely personal and communal space discipline, aims to reestablish the individual's respect both for themselves and for the community in which they live. There are clearly defined rules regarding the use of the center's physical spaces, personal hygiene, and dress regulations. For example, participants are strictly prohibited from entering common social areas wearing the clothes in which they sleep in the dormitory, pajamas, or with an untidy appearance. Such restrictions, although seemingly simple, are in fact intended to help individuals re-internalize social norms regarding the harmony between space and behavior, respect the living spaces of others, and regain the self-respect they had lost by paying attention to their personal care.

In cases where these daily life rules are violated, traditional, exclusionary, or purely fear-based punishment methods are strictly avoided. Instead, individuals who bend or violate the rules are assigned additional physical responsibilities such as cleaning rooms or assisting with dishwashing processes in the kitchen. These additional responsibilities function not as humiliating or psychologically oppressive measures, but rather as pedagogical interventions that enable individuals to recognize the impact of their actions on communal life and restoratively remind them that maintaining order and harmony within the community is everyone's shared responsibility.

- **Restriction of Communication with the Outside World**

In the San Patrignano model, the achievement of lasting success in the rehabilitation process is associated with isolating the individual, through a highly controlled strategy, from former environmental factors, toxic relationships, and chaotic communication networks that encourage substance use. The interruption of external dynamics that infiltrated the individual's life during the addiction period and continuously triggered relapse into substance use is regarded as the most fundamental prerequisite for creating a safe and sterile psychological environment for recovery. This isolation process is not considered a punitive disconnection, but rather a protective boundary management system designed to enable the individual

One of the clearest practices of this boundary management is the gradual communication plan, which restructures the individual's connections with the outside world in parallel with their pace of recovery and emotional resilience. During the first six months, regarded as the most fragile stage of the process, telephone use and family visits are strictly prohibited in order to prevent even the slightest psychological trigger originating from the outside world. By the end of the first year, when the individual begins to build personal willpower, controlled visits limited to first-degree relatives are initiated, thereby establishing the first safe forms of contact with the outside world. Home visits, during which the individual's social resilience against former environments and potential risk factors is fully tested, are implemented in a more flexible manner only after approximately two and a half years of stable detoxification and personal development. This gradual restriction policy ensures that the individual develops the capacity to confront and cope with former triggers not suddenly, but progressively and within a safe framework.

Another vital dimension of communication restriction is the digital detox policy uncompromisingly implemented by the center. The long-term restriction of smartphone use and unrestricted internet access is designed to prevent individuals in recovery from replacing substance addiction with alternative escape mechanisms and substitute addictions such as social media obsession, virtual gaming, or excessive immersion in the digital world. The elimination of instant virtual notifications and artificial external stimuli prevents individuals from constantly finding means of distraction. In this way, individuals are compelled to confront their genuine emotions, abandon the tendency to postpone dealing with their internal problems, and establish direct, sincere, and authentic human connections with those around them rather than interacting through screens, thereby gaining the opportunity for profound recovery.

- **Social Interaction and Emotional Boundaries**

In the San Patrignano model, community life is built upon balanced protective mechanisms that both help the individual emerge from the deep and destructive social isolation caused by addiction and prevent emotional instability and sudden crises that could jeopardize the recovery process. This structure encourages the individual to re-establish healthy connections with others, while simultaneously drawing clear, safe, and transparent boundaries to ensure that the focus of recovery is not disrupted by external factors.

One of the most notable reflections of these social interaction practices is the strictly enforced rule of not being alone. In order to fundamentally break behavioral patterns commonly observed in individuals with a history of addiction—such as avoiding problems, withdrawing into one's inner darkness, hiding, and isolating oneself from the environment—participants are required to remain continuously paired with a peer from the moment they enter the center. This uninterrupted state of never being alone ensures that the individual remains constantly visible within the community, assumes immediate responsibility for every action and behavior, and gradually relearns, through practical experience in the field, the ability to establish trust-based relationships that had been lost in the past. In this sense, it functions as a vital mechanism of recovery.

Another critical aspect of managing social boundaries is the controlled regulation of emotional and romantic relationships. Particularly in the early and most vulnerable stages of rehabilitation, the development of romantic bonds or intense emotional relationships among individuals in recovery is strictly restricted by clear rules. The primary psychological rationale behind this measure is to prevent individuals, who have not yet fully developed internal strength and whose emotional wounds are still fresh, from filling the vast void created by substance deprivation by attaching themselves to another person—thereby developing a new form of emotional dependency (codependency). In this way, individuals are prevented from escaping their sense of self by investing their mental and emotional energy into an immediate romantic attachment; instead, their full attention, effort, and focus are secured for their personal recovery and rehabilitation process.

However, these strict limitations do not imply a permanent or lifelong exclusion. In the later stages of recovery, when individuals have confronted their inner world and demonstrated emotional resilience and willpower, these rigid social rules gradually evolve into more controlled, flexible, and healthy forms of social interaction under the supervision and guidance of experienced team leaders. In this way, when individuals leave the center, they are fully prepared for the complex human relationships, romantic emotions, and social dynamics of the outside world—no longer dependent on another person or a substance, but as autonomous individuals capable of maintaining their self-respect and personal boundaries.

- **Structured Leisure Time and Reconnection**

In the San Patrignano model, the concept of free time is defined as a potentially hazardous domain in which the individual may fall into mental emptiness, significantly increasing the risk of relapse into substance use. For this critical reason, uncontrolled flow of time is not allowed in daily life at the center; instead, all free time outside vocational working hours is carefully and meticulously planned in a structured manner. This planning does not serve to restrict the individual, but rather functions as a protective shield that fills the mind with healthy activities and prevents a return to former destructive thought patterns.

The various social and cultural activities integrated into these structured time periods—such as sports, music, theater, chess, and cinema screenings—are not intended to transform participants into professionals in those fields. The primary pedagogical and psychological aim here is to teach individuals, who previously believed they could only experience pleasure, socialization, or relaxation under the influence of substances, through lived experience that it is entirely possible to enjoy life and spend meaningful time without any chemical stimulants. Through these activities, the individual rediscovers the capacity to experience joy through a clean and clear state of mind and to establish healthy human contact with their environment.

In particular, the fundamental aim of high-interaction and cooperation-based team sports such as football or basketball is to strengthen the sense of social belonging. These group dynamics enable individuals to move beyond feelings of exclusion and deeply experience being a valuable and reliable part of a larger whole and team. In this way, individuals with a history of destructive social relationships are given the opportunity to practice essential social skills—such as team communication, solidarity in crisis situations, and working toward a common goal—within a safe and supportive environment.

From a broader perspective, this comprehensive social order established by San Patrignano functions as a protective rehabilitation ecosystem that keeps the individual away from the unpredictability and chaos of the outside world as well as from the dangerous triggers of their past life. Through this clearly structured daily discipline, the individual not only becomes free from substance use but also gains a strong sense of responsibility that enables them to regain control over their life and return to society with a resilient and determined will.

## **Economic and Social Sustainability**

The San Patrignano model does not regard addiction rehabilitation solely as a medical or psychological recovery process; rather, it integrates this process with an economic ecosystem of self-sufficiency and a profound sense of social responsibility, thereby offering a highly durable and sustainable structure. The foundation of this model's success lies in the seamless integration of production networks that ensure financial independence with social support mechanisms that guarantee the reintegration of the individual into society.

- **Economic Sustainability**

The economic survival and growth strategy of the San Patrignano center is based on a strong cooperative structure that minimizes dependence on external funding, state assistance, or donations, and focuses entirely on generating its own internal resources. The institution's large-scale operational system is organized through approximately 4 to 5 main cooperatives that encompass around 20 different high value-added sectors, including bakery production, wine production, textiles, luxury leather goods manufacturing, traditional weaving, graphic design, and extensive agricultural activities.

Hosting approximately 1,000 rehabilitation participants and around 200 accompanying professional staff, the vast daily and long-term expenses of this large settlement are largely covered through the income generated by high-quality production activities carried out within these sectors. Although donations and corporate sponsorships serve as supplementary elements supporting the budget, the main financial backbone of the center is its production-oriented economic model. In particular, the institution's wine cellars and its award-winning wine production offered to the international market stand as the most concrete indicators that the center is not only a space for recovery, but also a competitive and fully self-sufficient economic hub operating at market standards. This principle of self-sufficiency ensures that the center can provide uninterrupted and free rehabilitation services without being affected by external economic crises.

- **Social Sustainability**

In San Patrignano, the intensive economic activities carried out are not merely a professional training practice or a means of spending time for participants; rather, they are at the very center of a much deeper process of psychological healing and identity reconstruction. One of the most important pillars of this reconstruction, as previously mentioned, is based on the principle of altruism. A portion of the revenue generated from the value-added products produced at the center is not used solely for institutional needs, but is also allocated to cross-border global and local social responsibility projects, such as supporting underprivileged women in Cuba or financing various animal shelters. Through this sharing-based system, the individual is enabled to move away from a problematic identity characterized by constant consumption, burdening, and harming others during the addiction period, and instead assumes a respectable identity as a productive individual who adds value and benefits even people they have never met; thus, the recovery process gains a broader social meaning.

This identity transformation is also directly supported by the institution's unique wage policy. The deliberate decision not to provide any financial compensation to participants during the first three-year period following admission to the center, which represents the most critical phase of recovery, is a conscious pedagogical choice. In this way, individuals learn to associate their labor not with immediate financial gain, but directly with higher motivational sources such as personal recovery, contribution to the community, and spiritual fulfillment. The transition to a professional worker status and the monetization of labor are introduced only in later stages, as a privilege earned through the completion of character development.

The most critical bridge of social sustainability extending to the outside world is vocational certification and employability capacity. The center conducts vocational education with full academic rigor to ensure participants can achieve long-term adaptation to life after recovery. Strategic collaborations with globally leading brands such as L'Oréal and rigorous examination processes conducted under the supervision of university professors certify the quality of these training programs. The European-wide recognized professional certificates obtained by participants upon graduation place them in an advantageous position in the labor market, ensuring economic security and significantly reducing the risk of relapse that may be triggered by unemployment.

The reintegration process of individuals leaving the center is strictly safeguarded through volunteer networks and alumni tracking systems. The 45 volunteer offices operating across Italy (44) and Croatia (1) function as a critical guidance and monitoring mechanism in supporting graduates as they integrate into their new lives. In this way, no participant is left alone to face the challenges of the outside world. In addition to this comprehensive rehabilitation and follow-up network, the center extends its impact beyond its own boundaries through preventive education programs and awareness-raising activities delivered annually to thousands of students. In this respect, San Patrignano is not only a clinic that treats substance addiction; it becomes a vast social sustainability movement that educates, protects, and transforms society.

# CONCLUSION AND EVALUATION



The inadequacy of single-type and static treatment approaches in addressing addiction is increasingly recognized in both current literature and field practices. In this context, the models developed by two pioneering Italian institutions, Villa Maraini and the San Patrignano Community, represent two different yet strategically complementary critical ends of the intervention spectrum in addiction. While Villa Maraini primarily aims to keep the individual alive by reaching the most marginalized groups on the street through a flexible threshold system based on a harm reduction and barrier-free service philosophy, San Patrignano targets the social and character-based reconstruction of the individual through production and peer solidarity within a high-threshold and uncompromising therapeutic community ecosystem. Examining these two models together provides a holistic perspective on how institutional responses to the addiction crisis should be diversified from street outreach to full social integration. In the following sections, the structural contributions of these two unique models in the field of addiction treatment are evaluated in detail within the framework of their respective institutional philosophies.



## Evaluation of Villa Maraini

When examined in the light of relevant literature and field data, the addiction intervention model of the Villa Maraini Foundation goes beyond being merely a clinical treatment center and appears as a concrete field-based embodiment of humanitarian drug policies and the Rome Consensus. This structure rejects the punitive, exclusionary, or strictly abstinence-based rigid boundaries of traditional addiction paradigms and positions addiction not as a moral weakness or lack of willpower, but as a biopsychosocial syndrome in line with World Health Organization standards. This ontological understanding has, at the institutional level, created a pragmatic, sustainable, and human dignity-centered intervention approach that aims not to judge the individual but to enhance their survival capacity and quality of life.

The most critical feature of this institutional architecture is the threshold system and the resulting continuum of care, which transform static treatment templates into a structural reconfiguration. Unlike traditional models, Villa Maraini integrates the entire service network—from very low-threshold to high-threshold rehabilitation programs—within a single physical campus. This spatial integration eliminates bureaucratic and psychological barriers in the individual's transition between units, thereby making the care network highly fluid. The system acknowledges the chronic and relapsing nature of addiction (cycles of relapse and remission) as a scientific reality. Therefore, rather than being punished and excluded from the system, an individual experiencing relapse is flexibly reintegrated into the most appropriate lower-threshold unit according to their current motivation and clinical needs, and is thus kept under protection.

This human-centered contact, which begins on the egalitarian plane of the street, directly permeates the professional ethics and attitude within the institution’s internal functioning. The Villa Maraini model redefines the traditional clinical hierarchy between expert and service user by replacing authority with a supportive, accompanying professional role. This person-centered approach—where professionals cease to be authority figures forcing change and instead become individuals who acknowledge the right of the person to feel distressed and who accept them in the process with all their unresolved crises—facilitates the release of internalized guilt in the individual. The institution’s approach, carried out under the motto “Stigma kills more than drugs,” functions both as a therapeutic tool that restores the individual’s self-esteem and as a powerful social advocacy mechanism aimed at transforming society’s exclusionary perceptions.

The sustainability of these micro- and mezzo-level interventions is supported by the institution’s structural integration with the macro-level justice system. Through its collaboration with law enforcement and judicial mechanisms, Villa Maraini has implemented an innovative practice known as deflection, transforming drug use from a public order issue into a public health crisis. The referral of individuals apprehended on the street or at police stations directly into the rehabilitation system instead of the destructive environment of prisons, as well as the inclusion of existing inmates in Alternative to Incarceration (ATI) programs, represent some of the most radical steps taken to break the cycle of social exclusion.

In conclusion, the Villa Maraini model adopts a holistic philosophy that does not impose absolute abstinence as a prerequisite for access to treatment, but rather defines the preservation of the individual’s biological existence and their reintegration into social life as its ultimate goal. This approach transforms individuals experiencing addiction from passive objects to whom instructions are given into active subjects who retain control over their own recovery journey. In this respect, it is understood that individuals with substance use problems adopt the recovery process and the institutional framework, thereby developing a long-term and sustainable approach.

Data obtained from the field and the analysis of institutional functioning demonstrate that this flexible and human rights-based model offers a humane and sustainable pathway that can serve as an international reference in addressing addiction as a chronic condition.

## **Evaluation of the San Patrignano Community**

The San Patrignano model stands out in the addiction treatment literature as a comprehensive therapeutic community paradigm that goes beyond a purely clinical intervention space, rejecting classical biomedical reductionism and reconstructing the individual within a broader social ecosystem. The high rehabilitation success rate of approximately 70%, indicated by longitudinal studies, stems from the center’s conceptualization of addiction not merely as a physiological withdrawal or a neurobiological symptom, but as a profound ontological crisis intertwined with an individual’s life story, search for meaning, and social bonds. This conceptualization is shaped around the philosophy of “Not with medication, but with education,” thereby dismantling the passive and dependent patient role typical of traditional psychiatric settings. The individual is elevated to the status of an active subject who assumes responsibility for their own recovery and reconstructs their character through labor, effort, and rational engagement. Particularly from the perspective of field-based social work practices, this represents a critical pedagogical foundation that prevents alienation from the recovery process and continuously sustains intrinsic motivation.

The pedagogical framework referred to necessitates, particularly in the initial stages of implementation, the establishment of a profound network of social trust. In response to the dynamics of isolation, concealment, and social disconnection inherent in addiction, San Patrignano has developed a microsociological intervention based on peer guidance. The principle of “not being alone,” applied from the moment an individual enters the system, functions not as a mechanism of surveillance, but as an emotional safety network that prevents the individual from being left alone with their own psychological triggers. Pairing a newly admitted individual with a senior former user who has progressed further in the recovery process creates a far more effective framework than that of a professional and hierarchical therapist figure. In this relationship, the former user is positioned not merely as a supervisor, but as a tangible embodiment of change and recovery, serving as a concrete source of hope and a role model that the individual can identify with.

The most distinctive and sustainable dimension of the model is its transformation of the rehabilitation process from an abstract therapeutic setting into a self-sufficient production and employment ecosystem. Production activities carried out at a professional standard across 20 different sectors—from bakery to textiles, leather processing to wine production—go far beyond simple occupational therapy. Integration with global brands and internationally recognized vocational certifications transforms the individual’s previously marginalized identity into that of a competent professional sought in the outside world. The deliberate absence of financial compensation during the first three years of this production-based economic model represents a highly intentional behavioral intervention. This process enables individuals to break immediate pleasure- and consumption-oriented addictive patterns and internalize the values of labor, patience, and altruism. The transfer of generated surplus value to international social responsibility projects, such as disadvantaged communities in Cuba, functions as a powerful psychosocial rehabilitation mechanism that transforms the addicted individual from someone who is a burden on society into a socially respected subject who generates value on a global scale.

This profound recovery process is supported by a highly structured, uncompromising, yet simultaneously restorative understanding of discipline, aimed at re-establishing the individual’s lost impulse control and self-regulation mechanisms. In particular, the telephone and family contact prohibitions and digital detox practices implemented during the first six months of adaptation constitute a strategic ecological barrier that isolates the individual from external triggers. This strict environmental management prevents the individual from resorting to digital or relational substitute addictions as an escape from confronting their own traumas and authentic emotions. In cases of rule violations, the system’s approach of avoiding punitive or exclusionary justice and instead applying physically grounded corrective tasks that remind individuals of communal order and responsibility is fully aligned with its educational philosophy.

Sustainability in rehabilitation is not constructed as a linear process that ends with the individual leaving the protected campus environment. On the contrary, it is designed as a lifelong process of social integration. The alumni network of volunteer offices across Italy functions as a critical monitoring and guidance mechanism for individuals entering civilian life. This social follow-up system prevents individuals from being left alone during potential crisis moments in their reintegration process, thereby minimizing relapse risk—the most critical challenge in addiction treatment. Consequently, San Patrignano represents a community model that ensures recovery through a clearly defined restorative discipline and vocational competence, fostering self-esteem through production-based development, and sustaining itself through its own internal resources.

## New Recommendations for Türkiye

Türkiye’s addiction intervention ecosystem can build a far more inclusive, permeable, and socially transformative intervention network by integrating the philosophical and operational dynamics of the Villa Maraini and San Patrignano models successfully implemented in Italy into its existing structure. The strategic steps and policy recommendations required to adapt these international models to Türkiye’s socio-cultural and institutional realities can be expanded under the following headings:

- One of the main shortcomings of traditional systems is their passive structure, which expects individuals to voluntarily apply to institutions for treatment. To reach groups that are inaccessible, afraid of stigmatization, or excluded from the system in Türkiye, it is important to develop a barrier-free service vision.
- Mobile units that provide direct field-based services should be established in disadvantaged neighborhoods and high-risk urban areas where substance use is prevalent. In order to overcome challenges such as safety, trust-building, and continuity inherent in field-based social work practices, “recovered peer workers” should actively take part in these teams alongside professionals.

- For individuals who are hesitant to apply to institutions such as AMATEM or YEDAM, low-threshold centers should be established where no registration, clean urine, or abstinence conditions are required. These areas should function as pre-admission stations providing basic human needs such as shelter, food, showers, and basic healthcare/wound care, allowing individuals to establish their first trust-based connection with the system without judgment.
- Drug policies should be supported not only by crisis-oriented punitive or medical interventions but also by youth-based addiction prevention and policy research. Early warning systems specific to the field should be developed by identifying the transitions between digital behavior patterns and substance use tendencies during adolescence and young adulthood.
- Structured youth communities that offer digital detox and real social interaction spaces, similar to the San Patrignano model, should be encouraged to address social isolation and existential meaning crises among young people.
- A rehabilitation approach limited to purely medical detoxification or short-term vocational training courses is insufficient in eliminating relapse risk. San Patrignano’s philosophy of “not with medication, but with education” and “recovery through production” should be integrated into Türkiye’s ecosystem. In this context, beyond classical hobby workshops (such as İŞKUR-supported short courses), self-sustaining and competitive social cooperatives or therapeutic communities can be established in sectors such as agriculture, textiles, gastronomy, furniture, or technology that generate real market value.
- The products and services produced in these centers can be integrated with Chambers of Industry, Commodity Exchanges, and global/national brands. The vocational certificate obtained upon graduation should transform the individual from a stigmatized former addict into a desirable qualified professional in the labor market.
- Individuals who successfully complete the treatment process should be employed within the system as mentors who accompany new entrants 24/7. When individuals see that their labor benefits society or disadvantaged groups, they can shift from a consuming identity to one that produces value.
- While the state’s official and hierarchical structure may sometimes be slow in reaching street-level dynamics and marginalized groups, the flexibility and agility of civil society should be integrated into the system. In this regard, central authorities such as the Ministry of Interior, the Ministry of Health, and the Ministry of Family and Social Services should remain in policy-making and supervisory roles, while field interventions, night shelters, and low-threshold centers can be operated by competent and locally experienced NGOs and associations. The public sector should support these NGOs through project-based and sustainable funding mechanisms.
- The legal framework should be strengthened to reposition addiction not as a public order and security issue, but as a public health and social issue.
- Legal diversion mechanisms should be expanded so that individuals prosecuted for non-violent offenses related to substance use or possession are directed to structured therapeutic communities instead of the punitive and marginalizing environment of prisons. Individuals should be able to serve their sentences through social production in these rehabilitation villages.
- “Stigma kills more than drugs” should be placed at the center of all public campaigns, educational curricula, and law enforcement training, and exclusionary language that criminalizes individuals with addiction should be abandoned.
- One of the major systemic problems in addiction treatment in Türkiye is the fragmentation between institutions. A unified database and case management system should be established between medical detoxification centers (AMATEM), psychosocial support services (YEDAM/NGOs), and long-term social rehabilitation/employment units.

- Individuals who relapse or fail to comply with high-threshold rehabilitation rules should not be completely excluded from the system. Instead, through institutional fluidity, they should be reintegrated into the most appropriate low-threshold unit (e.g., day centers), ensuring they remain within the protective care network. Continuum of care should be designed as an organic system in which individuals are supported throughout their lives.

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