INTEGRATION INTO SOCIETY
THE CHILEAN EXPERIENCE
DR. MARIANO MONTENEGRO
Determinantes sociales: estructurales de las inequidades en salud

Determinantes sociales intermedios: de las inequidades en salud

Intermediate social determinants

- **Material circumstances – life & work**: Depending on the quality of these circumstances, they may be either resources or risks for health.

- **Psychosocial circumstances**: Different societal groups are exposed to different situations that are perceived as threatening, difficult to manage, perception of impotence.

- **Behaviors or life-styles**: Behavior shared by a social group in a specific context. Translates material conditions of life into a pattern of behavior.

- **Health system**: Acts as mediator of the consequences of a disease or disorder in the individual’s life, by ensuring that the health problem does not translate into a decline in his social status; facilitates social reintegration.

- **Cohesión social**: 
Treatment Center client profile

- 75% Men
- 25% Women
- Age Range: 26 – 34 yrs.
- Schooling: 10.4 yrs.
  - Primary School Completed: 86.2%
  - Secondary School Completed: 51.2%
- Regular Job: 20%, 35% irregular work, 45% unemployed
- Moderate bio–psycho–social complications: 54%
- Principal Substance: Cocaine Paste, Cocaine Hydrochloride
Why do we need to speak of social integration?

We begin from the hypothesis that problem users are a socially vulnerable population, and that within the group of vulnerable people, they have their own particular complexities.

We have a national instrument to assess social vulnerability:

“Social Protection File” (gives access to social benefits granted by the Government of Chile).
Why do we need to speak of social integration?

The data show us the following:
73.17% of cases fall in the 1º to 4º deciles of vulnerability, i.e. are or might make use of the various benefits granted by the Social Protection System of the Government of Chile.
Social vulnerability

In Chile, 5% of the general population qualifies for assistance through programs for the highly socially vulnerable; using the same measurement for our treatment clients, 25% of the total qualify.
Of all clients who qualify for high social vulnerability, only 25% have accessed a program that would help them

**Programa Puente (“the Bridge Program”)** (monetary & psychosocial).

<table>
<thead>
<tr>
<th>Status of individual</th>
<th>Sex of client</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Eligible for “Chile Solidario”</td>
<td>357</td>
<td>77,11</td>
<td>347</td>
<td>73,52</td>
<td>704</td>
</tr>
<tr>
<td>In “Chile Solidario”</td>
<td>106</td>
<td>22,89</td>
<td>125</td>
<td>26,48</td>
<td>231</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>463</td>
<td>100,00</td>
<td>472</td>
<td>100,00</td>
<td>935</td>
</tr>
</tbody>
</table>
Distribución de Personas en Tratamiento, según Ingresos personales Mensuales en dólares.

Porcentajes

Tramo de Ingresos Mensuales Dólares

$ 145 y Menos
$ 145,01 y $ 272
$ 272,01 y $ 509
$ 509,01 y $ 709
$ 709,01 y más
Our clients are poorer than the general population.
<table>
<thead>
<tr>
<th>Relationship to head of household</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Head of household</td>
<td>885</td>
<td>745</td>
</tr>
<tr>
<td>Spouse or partner</td>
<td>232</td>
<td>209</td>
</tr>
<tr>
<td>Child of both</td>
<td>273</td>
<td>316</td>
</tr>
<tr>
<td>Child of head of household</td>
<td>268</td>
<td>340</td>
</tr>
<tr>
<td>Child of spouse or partner</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>Mother or father</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Mother-in-law, father-in-law</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Son or daughter-in-law</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Grandchild</td>
<td>39</td>
<td>46</td>
</tr>
<tr>
<td>Brother or sister</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Brother or sister-in-law</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Other relative</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Unrelated</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.806</strong></td>
<td><strong>1.783</strong></td>
</tr>
</tbody>
</table>

45,42% of clients are the principal breadwinners, and 12,29% are second source of income to the home.
Needs of clients in treatment centers:

- Job training
- Finding work
- Studies for educational equivalency
- Recreation and use of free time
- Housing (own/safe)

In the case of women, priorities are:

- Housing (own/safe)
- Continuity of health care
- Job training
- Finding work
- Recovering social ties and connections
- Recreation and use of free time
Treatment of problematic substance abuse would not achieve its main objective unless all factors related to full integration into society are also addressed at the same time.

Treatment and integration into society are two complementary processes that are the two faces of the same reality.
4 PILLARS
FOR AN EFFECTIVE STRATEGY
FOR THE INTEGRATION INTO
SOCIETY OF PROBLEMATIC
SUBSTANCE USERS
1st PILLAR...

Agreed Conceptual Framework
What are we talking about?
Integration into society, finding a job? reinsertion? insertion?

The Concept of Integration into Society:
Process at differing levels of intensity that seeks full development of the individual who is accepted and considered as a citizen with rights and duties.

Is the contrary of EXCLUSION. (Covers the causes and effects of poverty, and identifies processes, situations and mechanisms that leave part of the population, group or territory left out of participation in social and economical life).
Social integration is an interactive concept that implies:

Changes by both the individual and society. Presupposes that both those affected and the community will contribute to achieving equivalent opportunities that allow full and equal participation by drug-dependent people in life and social development.
Equal opportunity is understood as the process by which the various systems of society are put at the service of all, and especially the socially disadvantaged.

Principles of equality of opportunity:

1. Principle of integration as a recognition of the needs and specific potentialities of every individual and every social group.

2. Principle of accessibility as a necessary condition for vulnerable people to enjoy opportunities in society equal to those of their fellow citizens.

3. Principle of participation and autonomy as a recognition of the right of all people to participate in the social, economic and cultural life of their community.
Three points that are key to considering a person as socially integrated:

1. **His basic needs are covered:** i.e., he has dignified living conditions, in terms of housing, health, education and economic means.

2. **He has a system of relationships** that allows him to develop affective ties and thus feel part of the community.

3. **He can engage in activities that give him social recognition:** take part in public life, enjoy free time and have productive work.
In sum, speaking of social integration is to speak of:

a) A bilateral process (drug user – society) of mutual accommodation.

b) Participation in social life.

c) Equal opportunities, rights and obligations.
2nd PILLAR...
A Solid Structure
A SOCIAL INTEGRATION PROGRAM must be in place:

Drug agencies should create structured work programs for social integration.

This structure should include:

Treatment centers
Local/community network
National Level
Local Network (work, social, judicial, cultural etc.)

Assessment:
Social & job profile
Instruments.

Treatment:
Social integration as an axis, itinerary as the individual treatment plan. Prepare the individual.

Incorporation.

Regional Planning Secretariat

CONACE Community Level

Regional Level:
Responsible for treatment
Social & job mediators
Responsible for workplace prevention

CONACE Regional Level:
Responsible for treatment
Social & job mediators

CONACE - NATIONAL

Social Welfare Ministry

Supervisors- Advisors Agreement CONACE-FONASA- MINSAL

Train, monitor and support treatment centers in this process

Are coordinated into a network; sensitize companies, services, etc. Find concrete opportunities for social integration through intersectoral coordination. (Regional Plan for Social Integration)
3rd PILLAR...

Intersectoral Work
THE SOCIAL INTEGRATION PROGRAM SHOULD BE COORDINATED WITH THOSE GOVERNMENTAL AND NON-GOVERNMENTAL INSTITUTIONS THAT GIVE SOCIAL BENEFITS AND PROVIDE OPPORTUNITIES.

To achieve this, it is proposed that agencies work in a network, at both local and national levels. Make agreements that provide:

-- Priority/preferential access to social benefits related to the needs of our clients (subsidies, jobs, training, housing, etc.)

Specific arrangements that offer opportunities equal to those available to the general population. For example, jobs and guidance offices; halfway housing; protected homes, etc.
4th PILLAR...

Develop and Install Work Methodologies in Treatment Centers, in order to contribute to a recovery support system
Throughout the therapeutic process, treatment centers should perform a clinical and social diagnosis (family, social, job skills and employment status, housing, etc.), and should work to ready clients for integration back into society.

This means:

1. Developing technical standards specifying what should be done during treatment and how.

2. Providing the teams with practical methodologies and strategies

3. Supporting the teams at all times by having them supervised and counselled by trained, specialized professionals