WORLD FEDERATION OF THERAPEUTIC COMMUNITIES

WORLD SOCIAL REPORT
Nº 1 - 2022

"Drug addiction, alcohol abuse, pathological gambling and other addictions are preventable and treatable diseases"

wftc.org

TABLE OF CONTENTS

TABLES SUMMARY

GRAPHS AND IMAGES SUMMARY

Coordination of the Report

Coordinator - Sergio di Paolo (Italy)
Assistant Coordinator – Pablo Kurlander (Brazil)

International Committee of the Report

Ann Tucker (USA)
Boch Pavia (Philippines)
Edward Carlson (USA)
Enrico Costa (Italy)
Gerard Byrne (Australia)
Jorge Olivares (Chile)
Lucia Goberna (Spain)
Martin Infante (Philippines)
Miguel Garibay (USA)
Oriol Esculies (Spain)
Pablo Kurlander (Brazil)
Phaedon Kaloterakis (Greece)
Robert Budsock (USA)
Wouter Vanderplasschen (Belgium)

With the collaboration of CEIS Genoa - Italy

This Report

The **"WFTC Social Report"** indicates who we are, what our objectives are, how we function, who the recipients of our activities are and what results we have achieved.

Through the **"Social Report"** the World Federation of Therapeutic Communities communicates:

- its universality, role and presence on the entire planet;
- its multiculturality, identity and consistency with its ethical principles;
- its professional reliability, its objectives and projects;

This is a "first" that we trust will improve year after year by deepening with more data the Federation's great contribution and experience in the fight against addictions.

Message from the President

Since 1975, the goal of the WFTC has been to cooperate in a worldwide association of understanding and cooperation within the global Therapeutic Community (TC) network. The WFTC calls for a holistic approach to healing, drawing upon all the disciplines, including medical, psychiatric, and social services, as well as TC trained professionals.

The present-day Therapeutic Community has roots in many different approaches and philosophies. These include early psychiatry, social psychology, the temperance movement and the charitable beliefs and service work of the Quakers.

The present-day Therapeutic Community has roots in many different approaches and philosophies.

The French physician Pinel referred to his methods as “treatment through the emotions”. This idea was later developed into “moral treatment”. The practice of moral treatment believed in the value of routine, engaging in a series of defined daily tasks, an established structure and a code of conduct, and the value of work within a family-like atmosphere.

Engagement in conventional activities which begin in the initial phases of psycho-educational treatment requires the development of a commitment to change, by developing the skills necessary to bring about change, with community integration to follow. Thus, long term success is dependent on the adoption, transference, and learning of coping and other skills.

The focus of WFTC's programs is the recovery of the whole person. This includes the physical, emotional, mental, and spiritual domains. The goal of treatment is pro-social adaptation measured by abstinence from drug and alcohol use and criminal justice involvement; participation in recovery and other pro-social activities, employment and

productive, crime-free citizenship. WFTC promotes the values of self-help and self-reliance, the system of (community) rewards and feedback, the pride associated with achievement, the esteem derived from right living, and the progressive satisfaction achieved by doing good for others.

The major premise is that individuals' social needs are best expressed, explored, and satisfied in social interaction. This premise recognizes that the locus of psychological conflict is within the individual, that its source is in the network of social relationships in which the individual is embedded.

The major premise is that individuals' social needs are best expressed, explored, and satisfied in social interaction.

Using social contacts as a critical treatment instrument implies that adjustment is achieved first in societal and associational relations, then in family relations and, finally, intrapsychically. The direction of this change process has significant consequences on the conceptualization, organization, and implementation of services.

Therapeutic communities have worked to assist people with psychosocial problems for over 50 years. In that time much has changed:

- The number of organizations involved has increased substantially, as have the range of services and interventions offered.
- The legislative and regulatory framework has changed, thus providing new opportunities for services while also imposing new requirements, challenges, and opportunities.
- We have learned much about the complexity of the problems experienced by those who seek our help, and we have developed our capacity to respond.
- The multiple problems experienced by those who seek services require multi-modality interventions in order to address these complex needs.
- The context in which we operate has also changed, with new patterns of dependence, a wider range of substances being used often in synergistic

combinations, as well as the normalization of substance use in some geographic regions.

- The accumulated weight of evidence gathered over the years has shown the effectiveness and the cost effectiveness of the therapeutic community at both the individual and community levels.

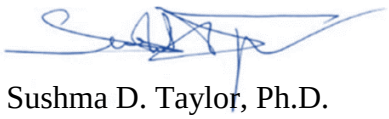
The changes which have occurred provide challenges which are being addressed by therapeutic communities worldwide. Amongst the many challenges and opportunities, we recognize the following:

- We continue to strengthen our networking and have developed new ways of networking, formally and informally, to improve the quality and effectiveness of our service systems.
- We take pride that our programs provide the critical range of early intervention, treatment, education, training and support, while exchanging information about their best practices so that both professional competence and service delivery systems are continuously enhanced.
- We value the use of evidence-based interventions within the TC Methodological framework to validate that our interventions continue to target the goal of reducing individual and social harm while improving individual and social health in its broadest context.

In our work with people, therapeutic communities have proven themselves to be effective and to give added value by restoring families and protecting children, as well as a reduction in crime, improved health and restoration of individuals to social and personal responsibility.

We appreciate the recognition of the therapeutic community model as an essential and effective component of a comprehensive prevention, treatment and social integration system.

We have developed the Social Report in order to provide a preliminary snapshot of the services being provided by some of our member organizations. We look forward to the development and distribution of future editions of our social report.



Sushma D. Taylor, Ph.D.
President

Drug addiction in the world in 2020/21

According to the latest United Nations World Drug Report, around 284 million people aged 15-64 used drugs worldwide in 2020, a 26% increase over the previous decade.

Of these, about 29.5 million (more than 10%) use drugs in a problematic way and have disorders related to drug use, including addiction, with an annual incidence of approximately 190,000 premature deaths due to drug use worldwide.

This same report points out that the social economic cost resulting from the use of illicit drugs is approximately 1.7% of the Gross World Product (GWP).

Young people are using more drugs, with levels today in many countries, higher than in the previous generations, and women are using drugs at the same rate as men, something new in the world scenario.

At the same time, there is a growing need to face up to the social damage caused by drugs with other addictions (especially alcohol) and the increasing need for prevention, especially for young people.

About WFTC

The World Federation of Therapeutic Communities (WFTC) is an international nongovernment association that engages in building collaborative coalitions and networks of social, education, and therapeutic systems that support the therapeutic community model of care.

WFTC is a broad global membership-based association which advocates for and promotes the understanding of the principles and methodologies that govern the therapeutic community methodology.

WFTC seeks to establish social learning initiatives, inter- country forums, cross-cultural collaboration and regional networks. In addition, WFTC promotes the exchange of information, data, research, clinical trends, and emerging innovative strategies.

WFTC promotes standards of care for practice, quality of programs and practitioners, while interfacing with other professional disciplines and providing information about the therapeutic community model of treatment and recovery.

WFTC Organization

The World Federation of Therapeutic Communities is divided into 5 large geographical areas and operates through 4 operational Committees.

GEOGRAPHICAL AREAS

1. Australasian Therapeutic Communities Association (ATCA)
2. European Federation of Therapeutic Communities (EFTC)
3. Federation of Therapeutic Communities in Asia (FTCA)
4. Latin-American Federation of Therapeutic Communities (FLACT)
5. Treatment Communities of America (TCA)

OPERATIONAL COMMITTEES

1. Communications Committee
2. International Relations Committee
3. Membership Committee
4. Standards Committee

To view countries where Therapeutic Community centers operate, please visit the link: wftc.org → MEMBERS & FEDERATIONS.

WFTC Goals

The following are the goals of the World Federation of Therapeutic Communities:

- Increase public knowledge of the therapeutic community philosophy, methodology, and effective programs.
- Articulate standards of ethical practice for the therapeutic community model of care from the program, the practitioner, and the specific cultural perspective.
- Provide education and information pertaining to research, methods, approaches, and programs across the globe that incorporate the principles of the therapeutic community model of treatment.
- Provide information to policy makers, governing bodies, and institutions on the importance of a comprehensive strategy to address substance use disorder issues and the role of the prevention and treatment within a comprehensive continuum of care approach.
- Interface with other disciplines such as medicine, psychology, sociology, public health, social services, criminal justice, and other related fields to foster collaboration and mutual understanding.
- Provide members with opportunities to network, exchange information, share knowledge and ideas, learn from one another and engage in reciprocal awareness of individual and collective efforts.

To learn more or join the WFTC please link wftc.org

Code of Ethics

WFTC is the major international member association practicing and promoting the Therapeutic Community methodology. This methodology promotes solution focused rather than problem focused approaches to treatment and rehabilitation. WFTC acknowledges that the programs and services provided by its member organizations deal with sensitive issues.

Accordingly, WFTC understands the importance of its stewardship role over the programs and interventions that affect personal, community, institutional and social values.

Inherent in the mission of WFTC is the commitment to promote the human, civil, and legal rights and moral freedoms of those individuals who participate in Therapeutic Community model of care/treatment programs.

General Principles

WFTC members agree to the guiding principles of the WFTC Code of Ethics as a requirement for WFTC membership. Members agree to conduct services with the highest quality, integrity, and ethical standards of excellence.

WFTC members strive to benefit those whom they serve to promote the WFTC code of ethics.

WFTC members safeguard the rights and welfare of the participants served.

WFTC members are aware of their professional responsibilities to the communities and organizations in which they operate. WFTC members uphold

professional standards of conduct, maintain professional roles and obligations, and seek to manage conflicts of interest that could result in harm.

A. Fidelity and Responsibility

1. WFTC members seek to promote honesty and accuracy in the training and practice of the Therapeutic Community methodology, and refrain from any misrepresentations of the methodology.

2. WFTC members affirm that participants (residents) in their programs are provided with fairness and equality regarding the quality of the processes, procedures, and services they receive. WFTC members exercise reasonable judgment and take the necessary precautions to ensure that their actions do not result in unjust or unlawful practices.

B. Integrity

1. WFTC members respect the dignity, the rights to privacy and confidentiality, and the self-determination of participants in their programs. WFTC members are also aware that safeguards are necessary to protect the rights and welfare of individuals who participate in their programs.

2. WFTC members are aware of and respect cultural, individual, and social differences including but not limited to those based on age, gender, gender identity, sexual orientation, race, ethnicity, national origin, religion, social orientation, disability, language, and socioeconomic status.

C. No harm

1. WFTC members do not engage in behavior that can be viewed as sexual harassment or sexual exploitation by staff or participants in their programs. Sexual harassment is solicitation, exploitation, physical advances, verbal or non-verbal conduct that is offensive and sexual in nature.

2. WFTC members do not engage in behavior that is harassing or demeaning to those who they work with or participants in their programs.

3. WFTC members take the essential steps to avoid harming participants, students, research participants, and supervisees. WFTC members do not facilitate, condone, assist, or allow any physical and/or emotional harm or degrading behavior in any form. This is defined as any act by which pain and suffering, whether physical or psychological is intentionally inflicted on a person.

   In addition, there is no exploitation, such as financial incentives, bartering with participants, sexual intimacies with current or former participants or intimacies with relatives of current participants.

   In addition, financial transactions with participants must only be in accordance with published/agreed upon fees for services. As early as possible, fee practices must be disclosed and not misrepresented. Bartering (acceptance of goods, services, or nonmonetary remuneration) should only occur if it is not clinically contraindicated and not exploitative.

D. Conflicting Relationships

1. WFTC member staff refrain from entering into relationships that could impair the objectivity, competence, or effectiveness in performing duties or otherwise exploit or render harm to the person with whom the professional relationship exists. WFTC member staff refrain from a professional role when personal, scientific, legal, financial, or other interest could impair objectivity, competence or effectiveness.

2. WFTC member staff must not exploit participants, students or supervisees, in their programs. If a potentially harmful relationship has arisen, staff must take the necessary steps to resolve the situation in consideration for the affected person's best interest and compliance with the WFTC code of ethics.

E. Confidentiality and Consent

1. WFTC member programs must operate within the highest standards of confidentiality and patient protection procedures.

2. WFTC member programs have a fundamental obligation to take reasonable steps to protect confidential information obtained or stored in any medium.

3. Disclosures of confidential information is only permitted with consent, or when legally authorized.

Another important requirement for a center to qualify for membership in the WFTC is that its therapeutic choice should be determined by the entire community and geared to its needs rather than on individualistic solutions (pharmacology, prison, psychiatric clinic, etc.).

Centers associated with WFTC consider this social and group approach — implemented by each center in different ways depending on the context in which it operates (socio-cultural and regulatory), the experience (history, types of addiction, results) and its identity (social, religious, sports) — as indispensable and key to the efficient and effective delivery of therapeutic and preventive results.

In other words, the essence of the Therapeutic Community is the community itself — the peer group, the atmosphere that is built together, the participation and sharing in the rules and objectives that is achieved through residency or living together.

The WFTC also organizes training and exchange opportunities on the methodologies of the fight against addiction, successful prevention and on the experiences of communities. This thrust is one of its primary missions.

WFTC's Next Targets in Aid of Adolescents

WFTC will develop and include Therapeutic Community programs specifically dedicated to the recovery of adolescents in the early stages of drug and gambling addiction and to foster a strong awareness of this problem especially in national and international institutions.

Adolescents are fragile subjects who are more and more affected by our society that is increasingly becoming more complex and competitive every day. Very often they are left alone in their search for security and in the elaboration of existential values.

In particular, we believe that we should direct our efforts against two addictions that are rapidly growing among adolescents and even young: 1) drugs and alcohol and 2) pathological gambling.

The phenomenon of teenage addiction to substances and alcohol is growing at an alarming rate. The "normalization" of marijuana use and easy access to cheap synthetic drugs make substance misuse behaviors more common-place.

It is clear that this is no longer a marginal phenomenon. Thus, it is necessary, on the one hand, to identify risk factors associated with substance abuse and other addictions on time and, on the other hand, to implement tailored recovery strategies through specific therapeutic approaches at an early stage.

Compulsive gambling addiction is also spreading among minors. This phenomenon is reaching enormous proportions with devastating effects on families and loved ones.

Our centers all over the world could start the first laboratories to develop therapeutic paths of recovery for minors, separate from adults, including the provision of residential and semi-residential accommodation in their facilities.

8.1 WFTC organizations

The production of the first edition of the Social Report is based on data collected through a questionnaire sent to all the WFTC member organizations, in which they were asked for two types of information:

(a) number of individuals assisted and reached by the organization in 2021;

(b) organization data about the dimension of the structures and other qualitative data referring to 2021.

Figure 1 - Total respondent organizations worldwide

After spreading the questionnaire worldwide, with a short deadline of 2 months, 127 individual organizations, or groups of associated organizations, members of the World Federation Therapeutic Communities, from 26 countries, 5 regions of the world (North and Latin America, Europe, Asia and Oceania), shared their data to show how WFTC organizations are and what they do worldwide.

Without a doubt the number of organizations and countries is higher, however not all the WFTC organizations could respond to this survey within the short timeframe.

There are thousands of organizations based on the TC model across the globe, united by a common vision of community service and professional approach, varying widely in size and scope. However, the total number of operational centres and facilities is currently unavailable.

Graph 1 - Respondent organizations country by Region

It is important to consider that, according to the expected number of respondents, most of the non-respondent WFTC organizations were from Europe, Asia and Latin America.

Table 1 - Total respondent organizations by Region

Region	n	%
Latin América	75	56.0
North America	21	15.7
Asia	17	12.7
Europe	16	11.9
Oceania	5	3.7
Total	134	100

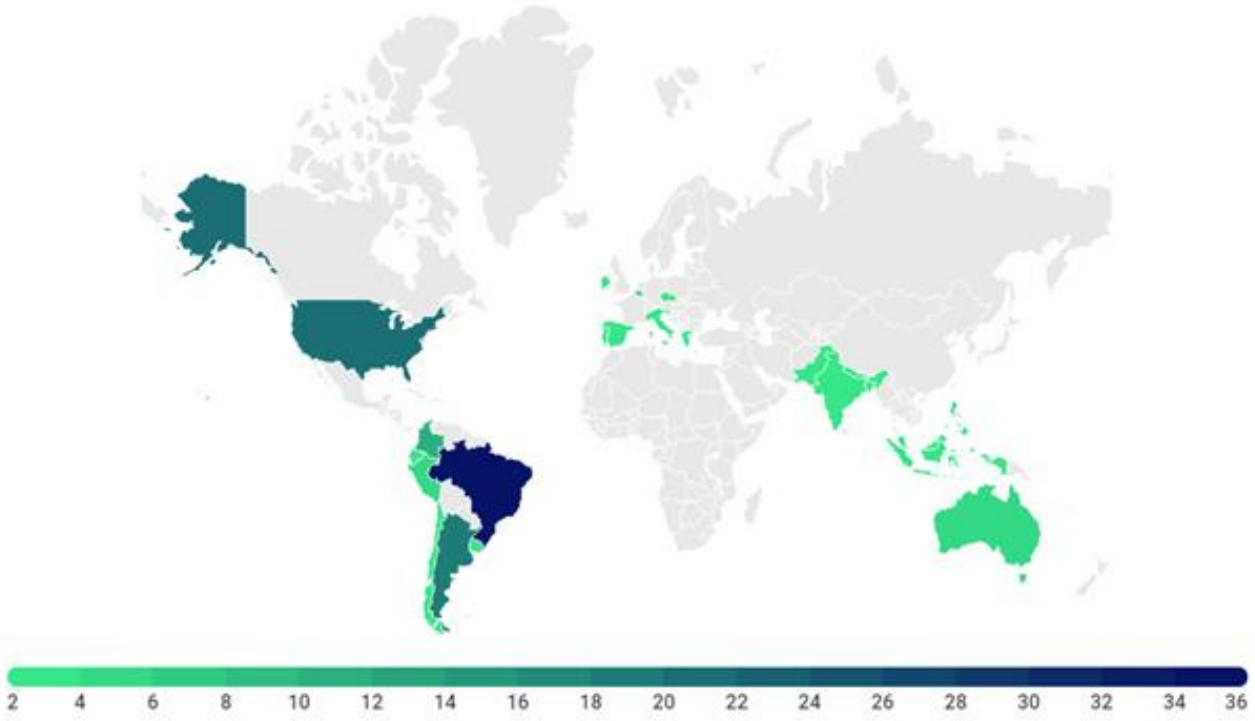
The difference between the total number of respondent organizations in Figure 1 (n=127) and the total in Table 1 (n=134), is because one of the international organizations who respond the survey (Dianova International) has related organizations in 8 countries. In the first total (n=127) it was considered as 1 organization, but in the country-based account it was considered as 8 organizations, i.e. 1+7 (127+7=134).

In the assisted people total it was considered as 8 too, and in the other data (scope of work, type of work and number of employees) it was considered as 1.

8.2 WFTC regional Federations

The WFTC regional federations are: Treatment Communities of America (TCA), Latin-American Federation of Therapeutic Communities (FLACT), European Federation of Therapeutic Communities (EFTC), Australasian Therapeutic Communities Association (ATCA), Federation of Therapeutic Communities in Asia (FTCA).

Graph 2 - Total respondent organizations by country



The largest respondent coverage belongs to **Latin America**, with more than 50% of the respondent organizations (n=75; 56.0%), in 7 countries.

Most of these organizations operate in Brazil (n=36; 48.0% of Latin America respondents and 28.3% of total respondents, when considered n=127 as total organizations).

Brazil has the highest number of TCs in Latin America, likely higher than most other countries, with more than 2,000 registered TCs. The Brazilian Federation of Therapeutic Communities (FEBRACT), linked to WFTC and FLACT, has more than 300 affiliated TCs.

Table 2 - Total respondent organizations by country in Latin America

Country	n	%
Brazil	36	48.0
Argentina	19	25.3
Colombia	11	14.7
Peru	4	5.3
Chile	3	4.0
Ecuador	1	1.3
Uruguay	1	1.3
Total	75	100

North America is the second region in total number of respondents (n=21; 15.7%) and all these organizations are based in USA (n=21), which has the 16.5% of total respondents, when considered n=127 as total organizations.

Table 3 - Total respondent organizations by country in North America

Country	n	%
United States	21	100
Total	23	100

Europe is the third region in total number of respondents (n=13; 11.9%) and has the highest number of countries represented (n=9; 34.6%).

Table 4 - Total respondent organizations by country in Europe

Country	n	%
Italy	3	15.8
Portugal	3	15.8
Belgium	2	10.5
Greece	2	10.5
Spain	2	10.5
Czech Republic	1	5.3
Ireland	1	5.3
Republic of Moldova	1	5.3
Slovenia	1	5.3
Total	16	100

Asia is the forth region in total number of respondents (12.7%), with 17 organizations in 8 countries.

Table 5 - Total respondent organizations by country in Asia

Country	n	%
Philippines	4	22.2
Bangladesh	3	16.7
India	3	16.7
Indonesia	2	11.1
Malaysia	2	11.1
Lebanon	1	5.6
Nepal	1	5.6
Pakistan	1	5.6
Total	17	100

Oceania is the fifth region in total number of respondents, with 5 organizations, all of them in Australia.

Table 6 - Total respondent organizations by country in Oceania

Country	n	%
Australia	5	100
Total	5	100

8.3 WFTC assisted and reached people

The 134 respondent WFTC organizations reported that in 2021 a total of **585,830** people were assisted or reached worldwide in WFTC centers, providing education, prevention, treatment, and supportive care which ameliorates addiction, poverty, homelessness, unemployment, and social dislocation.

Figure 2 - People assisted and reached worldwide by WFTC respondent organizations

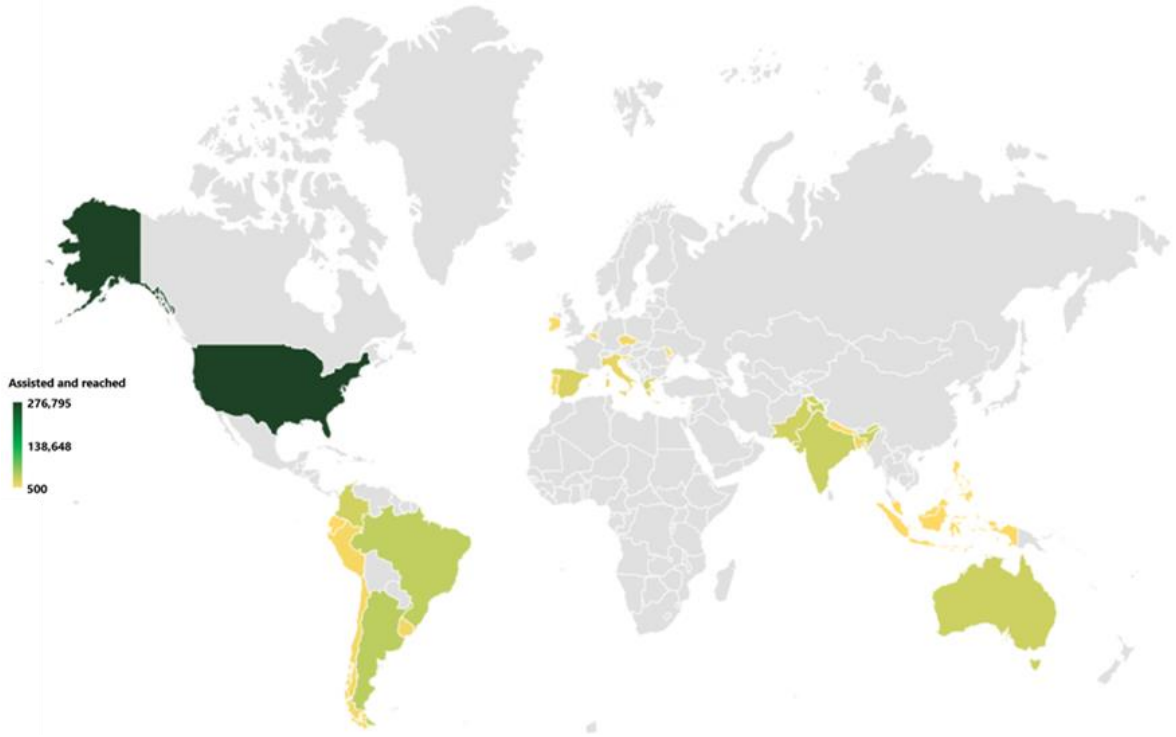
Table 7 - Total assisted and reached people of WFTC respondent organizations by Region

Region	n	%
North America	276,795	47.2
Latin América	113,063	19.3
Asia	88,532	15.1
Europe	79,210	13.6
Oceania	28,230	4.8
Total	585,830	100

The number of **reached people** includes the number serviced along with individuals who have been "touched" by the organizations. This can include prevention programs, street outreach, family members, educational activities and those who had one-time touch point of receiving food, shelter and clothing, as examples. However, it not includes people reached through communication actions (social media, awareness campaigns, etc.).

Undoubtedly, the real number of people served and reached by WFTC organizations should be higher, considering that not all these organizations were able to respond to this survey in time.

Graph 3 - Total assisted and reached people of WFTC respondent organizations by country



North America had the highest number reported, with almost 50% of the people assisted and reached (47.2%), and all these organizations were from USA.

Table 8 - Total assisted and reached people in North America WFTC respondent organizations

Country	n	%
USA	276,795	100
Total	276,795	100

Nearly 277,000 people have been assisted and reached through the WFTC's 21 US-based member organisations (four of which operate internationally).

The importance of this work is underlined by the dramatic situation that can be inferred from overdose deaths, which the World Drug Report estimates at more than 100,000 in 2021.

Latin America is the second region in total number of people assisted and reached (19.3%). Argentina, Brazil and Colombia are the three largest countries of intervention of the 75 WFTC-related organizations from 7 countries, which reached out to more than 110,000 people in 2021.

This data is especially important considering that, according to the World Drug Report, only 1 in 11 people who need treatment for addiction in Latin America have access to it, while the world average is 1 in 6. Most of the TC admissions in Latin America are due to alcohol and cocaine.

Table 9 - Total assisted and reached people in Latin America WFTC respondent organizations

Country	N	%
Argentina	36,850	32.6
Brazil	33,949	30.0
Colombia	24,635	21.8
Uruguay	6,152	5.4
Chile	5,882	5.2
Peru	4,885	4.3
Ecuador	710	0.6
Total	113,063	100

The **Asian** continent is third in total number of people assisted and reached by the respondent organizations (15.1%). The work of 17 organizations has led to the assistance to almost 90,000 people, mostly located in India, Pakistan and Lebanon.

The spread of methamphetamine is increasing and is evidenced by data released by the UN Office on Drugs and Crime (UNODC) (30% more seizures in South-East Asia and 50% more in South-West Asia).

Table 10 - Total assisted and reached people in Asia WFTC respondent organization

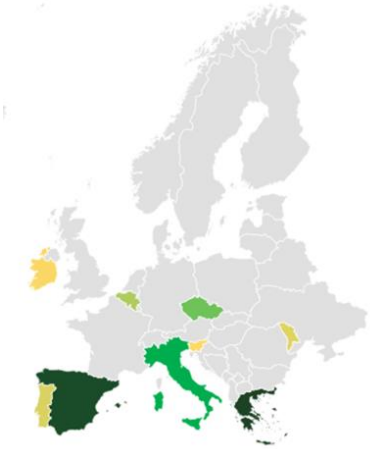
Country	N	%
India	28,410	32.1
Pakistan	25,435	28.7
Lebanon	21,338	24.1
Bangladesh	10,419	11.8
Indonesia	950	1.1
Malaysia	950	1.1
Philippines	530	0.6
Nepal	500	0.6
Total	88,532	100

Almost 80.000 people (13.6%) were assisted by WFTC member organisations in 9 **European** countries, with Greece and Spain leading the way.

In the European Drug Report (EDR) 2021 it was estimated that 32.9 million people use hard drugs at least once in their life (5 times more if we include cannabis). There are 510,000 European users in substitution treatment.

Table 11 - Total assisted and reached people in Europe WFTC respondent organization

Country	n	%
Greece	22,665	28.4
Spain	21,708	27.2
Italy	12,398	15.5
Czech Republic	7,600	9.5
Belgium	4,967	6.2
Portugal	3,261	4.1
Slovenia	1,726	2.2
Republic of Moldova	3,000	3.8
Ireland	1,885	2.4
Total	79,210	100



In **Oceania**, 5 WTC member organizations tracked more than 28,000 people (4.8%) in 2021, all of them in Australia.

The UN Office of Drugs and Crimes estimates the number of cocaine, amphetamine and opiate users at around one million and over three million cannabis users.

Table 12 - Total assisted and reached people in Oceania WFTC respondent organization

Country	n	%
Australia	28,230	100
Total	28,230	100

8.4 WFTC organizations characteristics

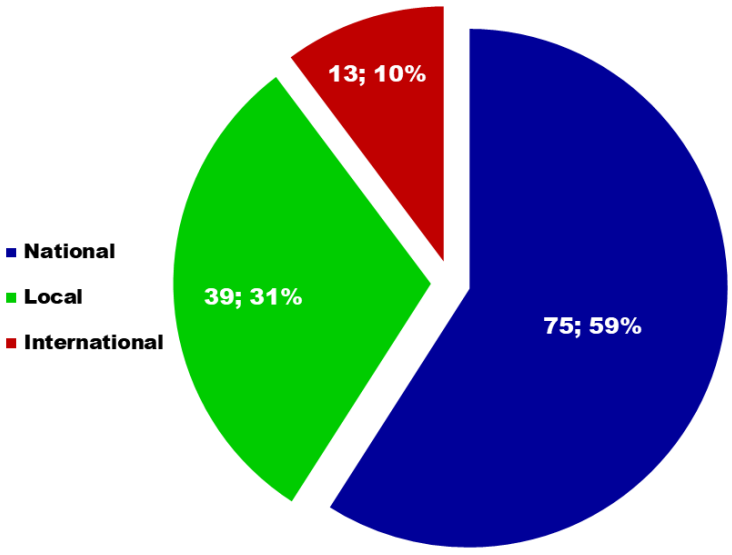
In the survey was asked about three organizations characteristics, being these:

Figure 3 – Analysed characteristics of WFTC respondent organizations

8.4.1 Scope of work

The survey showed that 13 of the 127 WFTC organizations have an international dimension (10.2%), 75 (59.1%) operate nationally and 39 (30.7%) had local activities.

Graph 4 - Total WFTC respondent organizations by Scope of work



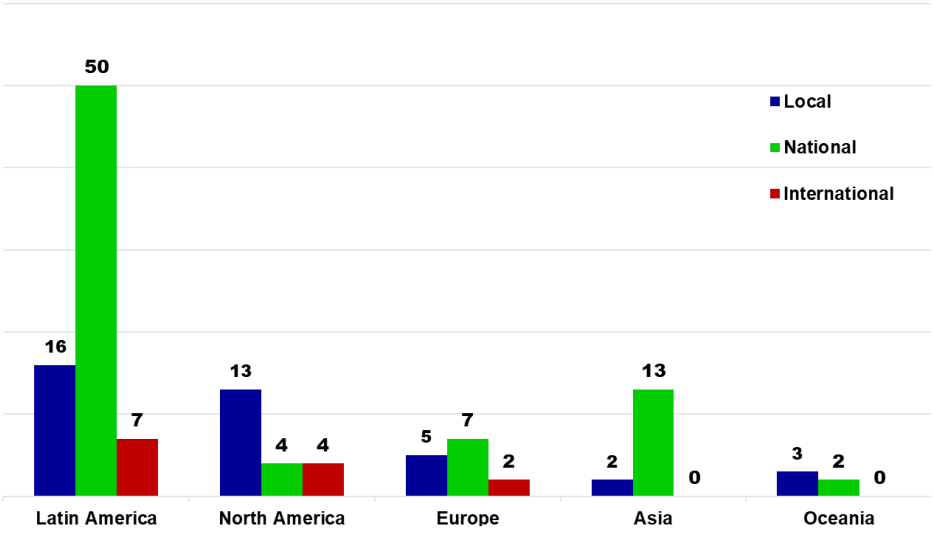
In Latin America (68.5%), Europe (53.8%) and Asia (86.7%), most of the WFTC respondent organizations had a national operation, while in North America (61.9%) and Oceania (60.0%) the most prevalent scope of work is local.

In North America there were the higher prevalence of international work (19.0%), but in absolute numbers, Latin America was the region with most international organizations (n=7).

Table 13 - WFTC respondent organizations by Scope of work and Region

Region	Local		National		International	
	n	%	n	%	n	%
Latin America (n=73)	16	21.9	50	68.5	7	9.6
North America (n=21)	13	61.9	4	19.0	4	19.0
Europe (n=13)	5	38.5	7	53.8	2	15.4
Asia (n=15)	2	13.3	13	86.7	-	-
Oceania (n=5)	3	60.0	2	40.0	-	-

Graph 5 - WFTC respondent organizations by Scope of work and Region



8.4.2 Type of work

In this question, respondent organizations had to choose between three options to define the type of work they do:

(a) Grassroots

The organization maintains and operates facilities or services that provide education, prevention, treatment, and supportive care which ameliorates addiction, poverty, homelessness, unemployment, and social dislocation.

(b) Advocacy

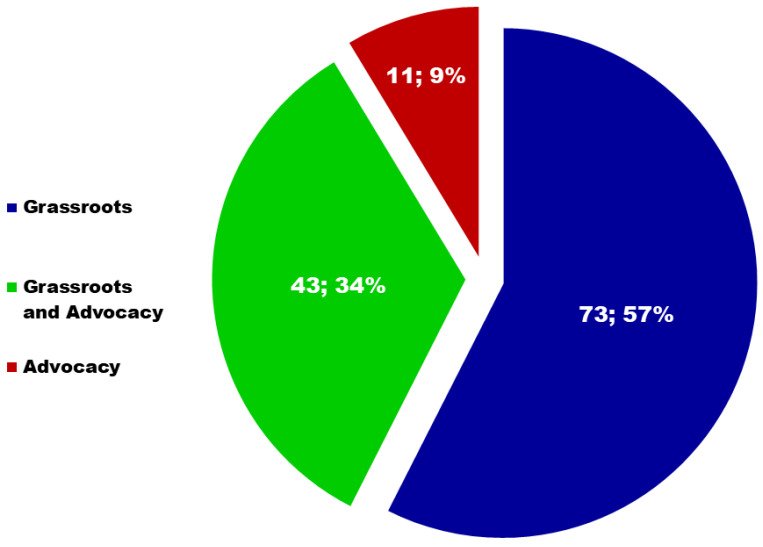
The organization maintains a relationship with policymakers, national and international governments, and other organizations in the field, represents other organizations in the regional and international context.

(c) Grassroots and Advocacy

Both options above.

Most of the organizations (n=73; 57.5%) reported **Grassroots** type of work, only 11 (8.7%) reported **Advocacy,** and 43 (33.9%) reported both.

Graph 6 - WFTC respondent organizations by Type of work



In Latin America (76.7%) and Oceania (60.0%), most of the respondent organizations reported **Grassroots** type of work, while in North America (42.9%), Europe (92.3%) and Asia (60.0%), the organizations reported more **Grassroots and Advocacy** activities.

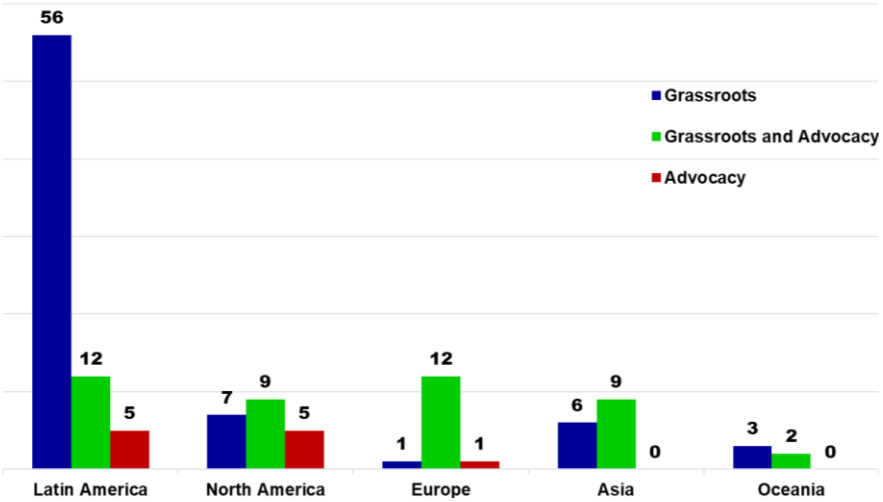
It's important to highlight that in Europe almost all the organizations (92.3%) reported **Grassroots and Advocacy** activities, and that North America was the only region with relevant prevalence of only **Advocacy** activities (23.8%). Asia and Oceania respondent organizations did not report only Advocacy activities.

Another important piece of data to consider is that in Latin America, the region with the highest number of respondent organizations, most of them reported only **Grassroots** activities. This indicates that Latin American organizations are – at least formally – less related with policymakers, national and international governments, and other organizations in the field, compared to organizations in other regions.

Table 14 - WFTC respondent organizations by Type of work and Region

Region	Grassroots		G & A		Advocacy	
	n	%	n	%	n	%
Latin America (n=73)	56	76.7	12	16.4	5	6.8
North America (n=21)	7	33.3	9	42.9	5	23.8
Europe (n=13)	1	7.7	12	92.3	1	7.7
Asia (n=15)	6	40.0	9	60.0	-	-
Oceania (n=5)	3	60.0	2	40.0	-	-

Graph 7 - WFTC respondent organizations by Type of work and Region

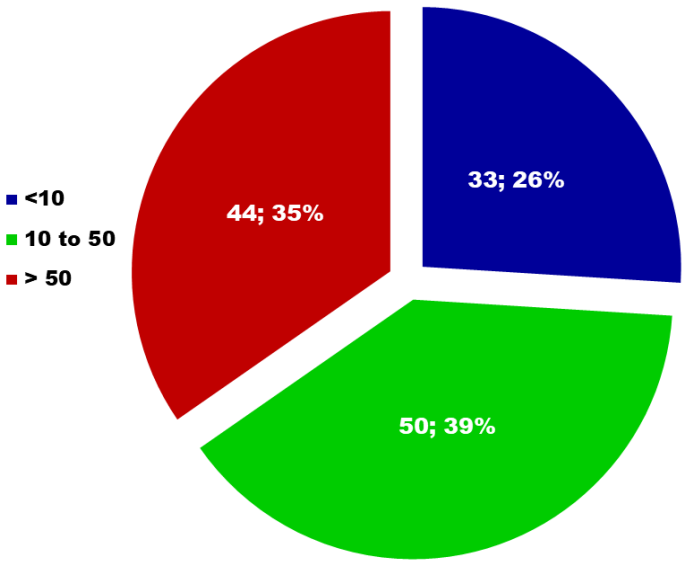


8.4.3 Number of employees

In this question, respondent organizations had to choose between three options to define the number of employees: <10; 10 to 50; > 50.

The general distribution of this data is balanced, with higher prevalence of medium size (10 to 50; 39%) and big organizations (> 50; 35%).

Graph 8 - WFTC respondent organizations by Number of Employees



Being one of the poorest regions, Latin America had the higher number and rate of small organizations (n=29; 39.7%) with less than 10 employees. North America reported only two, Asia and Oceania only one, and Europe no one.

In Latin America (n=37; 50.7%) the highest rate was of medium size organizations, with 10 to 50 employees.

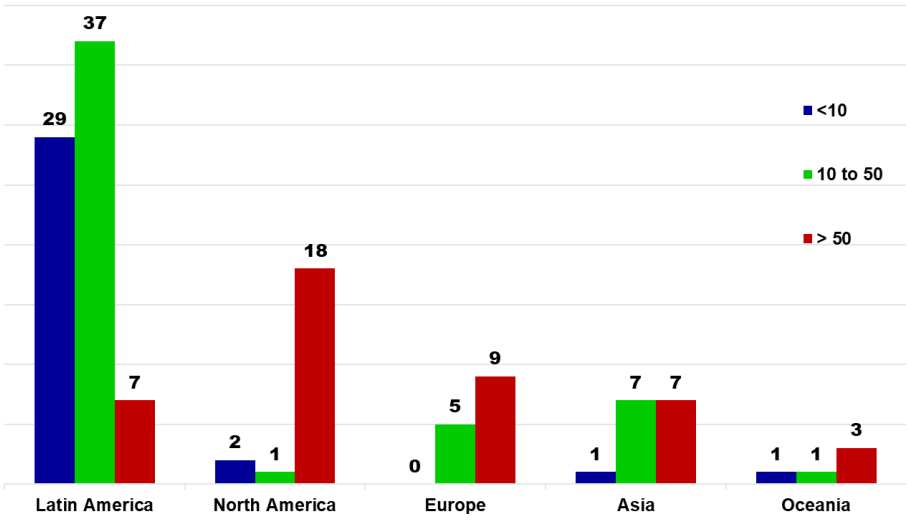
In Asia the medium size and the big organizations rate was balanced (n=7; 46.7%).

As the richest regions, North America (n=18; 85.7%) and Europe (n=9; 69.2%) reported the highest rate of big organizations, with more than 50 employees, similar to Oceania (n=3; 60.0%).

Table 15 - WFTC respondent organizations by Number of employees and Region

Region	<10		10 to 50		> 50	
	n	%	n	%	n	%
Latin America (n=73)	29	39.7	37	50.7	7	9.6
North America (n=21)	2	9.5	1	4.8	18	85.7
Europe (n=13)	-	-	5	38.5	9	69.2
Asia (n=15)	1	6.7	7	46.7	7	46.7
Oceania (n=5)	1	20.0	1	20.0	3	60.0

Graph 9 - WFTC respondent organizations by Number of employees and Region



Conclusions

WFTC have made efforts to better understand what is being done worldwide by the Therapeutic Communities. This is crucial, considering that drug addiction is increasingly becoming a more prominent issue globally and is affecting more adolescents and children.

To help and endorse those who are at the forefront of this challenge is our institutional mission and goal, and many actions could be developed from the gathering movement of a worldwide survey and the collected data.

After this survey, although having underrepresented regions, we know more about our affiliates and their work, and we are very proud of WFTC respondent organizations success in assisting and reaching more than half a million people in 2021 alone.

Even with the short deadline, 127 organizations from 26 countries and 5 regions of the world shared their information and revealed how far we can go together.

Our new challenge is to improve in the following year and collect more detailed data regarding our organizations, share achievements and most successful practices, which could be useful all over the world.

We would like to acknowledge all the organizations who trusted in WFTC, shared their experiences with us, and to all the WFTC members who worked on this report.

The Declaration of Mallorca

Taylor, S.[1], Mullor, J.[2], & Esculies, O.[3]

1. World Federation of Therapeutic Communities 2. Projecte Home Balears 3. Asociación Proyecto Hombre

Introduction

The World Federation of Therapeutic Communities (WFTC) is an international association with the goal of uniting and supporting the broad global Therapeutic Community movement worldwide (all five continents). WFTC provides sharing, understanding, guidance and cooperation.

The Declaration of Mallorca has been adopted the 3rd of December 2016 in the city of Palma de Mallorca, Spain, within the celebration of the 5th Institute of the WFTC, organized by Projecte Home Balears and the Asociación Proyecto Hombre. More than 150 experts in addiction and Therapeutic Communities from 26 countries have participated. This declaration comes out after three days of deliberations and contributions, organized in working groups and under the guidance of the WFTC Board, the members of the Institute Scientific Committee and the coordinator of the Declaration.

The Declaration of Mallorca is based on a group of actions, recommendations and agreements in terms of primary care, treatment, recovery and social re-integration of drug-dependent population, including drug prevention, with the goal of implementing them over the following ten years, until 2026. The previous Declaration was established in 2010 in the Italian city of Genoa during the 5th WFTC Institute, organized by CEIS Genoa.

The Declaration of Mallorca recognizes the Therapeutic Community as one of the most effective approaches for the rehabilitation and recovery of addicted people and their families worldwide.

All the participants commit themselves to accomplish the actions and recommendations expressed in the Declaration and to transfer them to their therapeutic communities and to the rest of the regional and international community.

Main Criteria

The Declaration of Mallorca has been elaborated under the following main criteria:

COMMITMENT TO PEOPLE
Our action is fully oriented to give the best service available to those who suffer from their addictions, also their family and social environment and their communities all over the world, based on a non-profit honest work. We are also committed to the Universal Declaration of Human Rights, the Declaration of the Rights of the Child and the Sustainable Development Goals.

INNOVATION
It acknowledges the effectiveness of the essential elements of the Therapeutic Communities (TC) as well as the broad range of adapted methodologies and modified TC approaches worldwide. Research and evidence based practices are unequivocally supported.

PARTICIPATION
The Declaration is approved by the members participating at the 5th WFTC Institute, following a participatory, systematic process with high consensus and transparency.

ACHIEVABLE
The Declaration's proposals are concrete, clear and measurable. The conclusions are realistic, applicable and affordable.

WILLINGNESS TO DISSEMINATE
An active dissemination of the present declaration will be made throughout the Therapeutic Communities movement and other stakeholders such as local, national and international organizations, civil society institutions, professional bodies, addicted populations and their families.

Agreements

The Therapeutic Communities support a wide range of addiction profiles, with an increasing attention to specific vulnerable groups such as women, children, the homeless, people with HIV, Hepatitis C, co-occurring disorders, offenders and others.

The interventions have to be adapted to the participants' needs and their cultural, economic, social and religious diversity.

It is critical for representatives from international and regional organizations, governments, civil society and private sector to recognize the role of the Therapeutic Community movement in resolving problems associated with drugs and other addictions and the consequent suffering of millions of people. Therapeutic Communities stress the fight against stigmatization of the addicted population.

Much progress has been made in introducing the gender perspective into the treatment of addictions. Nonetheless, organizations are invited to reinforce these achievements as a priority.

Therapeutic Communities welcome aftercare services focused on improving the social reintegration of the participants. These follow-up services are critical in reducing relapsing episodes.

Families and other social networks become key factors during the TC treatment and we should encourage them to get engaged.

The promotion of vigorous research and evidence based outcomes is crucial for the sustainability of our TCs. Moreover, we invite all organizations to be involved in publishing scientific papers and collaborating with academia and the research community.

We call upon the WFTC and all members to produce cost-benefits studies to demonstrate the value of the TC model to the stakeholders.

We acknowledge that transparency and accountability are fundamental aspects of the functioning of the organizations in the addiction field. These are the mandatory prerequisites for obtaining and sustaining credibility from governments and society.

In many countries Therapeutic Communities are insufficiently funded. We encourage the policy makers to support TCs, for they provide an irreplaceable aid for recovering addicted people. It is urgent to diversify resources and to explore alternative funding.

The WFTC will reinforce a continuing presence and advocacy of the TC movement at international organizations and fora in collaboration with the regional federations and civil society networks.

We recognize that TC staff need continuous training and education, mentoring, caregiving and external supervision. Staff well-being should be promoted in order to minimize the possibility of burn-out.

TC leadership should be inspirational, transparent, and of service to the community and to the organizations. The TC movement is evolving to new organizational leaderships. The renewal of leadership is of paramount importance and can be achieved through carefully designed succession plans.

Therapeutic Communities require interdisciplinary professional teams, including experts by experience, to deal with the complexity of addiction within a bio-psychosocial framework. The identity of the TC staff lies in a combination of professionalism, vocation of service and the passion for people.

Communication through internet and social media is an indispensable tool for increasing the awareness of society about the harmful consequences of addiction. This type of communication also contributes to the visibility of the TCs and their effectiveness.

Conclusion

This Declaration reaffirms the commitment of the Therapeutic Community movement to serve addicted populations and their social networks all over the world by restoring their hope, dignity and personal well-being.

List of federations and non-profit organizations that adopted the Declaration of Mallorca in presence the 3rd of December of 2016:

Amity Foundation (United States of America)
Asian Federation of Therapeutic Communities –AFTC
Asociación Civil Posada del Inti (Argentina)
Asociación Civil Santa Clara de Asis (Argentina)
Asociación de Comunidades Terapéuticas Peruanas (Peru)
Asociación Proyecto Hombre (Spain)
Australasian Federation of Therapeutic Communities
Brighipoint Health (United States of America)
Center Point (United States of America)
Centro di Solidarietà di Genova (Italy)
Centro di Solidarietà Don Lorenzo Milani (Italy)
Clinic of Dr Isaev (Russia)
Comunidad Terapéutica Carpe Diem (Chile)
Comunidad Terapéutica San Jose del Obispado de Lurin (Peru)
Comunidades La Roca (Chile)
Coolmine Therapeutic Community (Ireland)
De Kiem (Belgium)
Dianova International (Spain)
European Federation of Therapeutic Communities –EFTC
Federação Brasileira de Comunidades Terapêuticas –FEBRACT (Brazil)
Federazione Italiana Comunità Terapeutiche (Italy)
Federación Latinoamericana de Comunidades Terapéuticas –FLACT
Federación de Organizaciones no Gubernamentales de la Argentina para la Prevención y el Tratamiento de Abuso de Drogas –FONGA (Argentina)
Federación Uruguaya de Comunidades Terapéuticas –FUCOT (Uruguay)
Fuente de Agua Viva (Peru)
Fundación Aldaba - Proyecto Hombre (Spain)
Fundación Alcandara Proyecto Hombre (Spain)
Fundación Arzobispo Miguel Roca (Spain)
Fundación Centro Español de Solidaridad Jerez (Spain)
Fundació CES Sevilla Proyecto Hombre (Spain)
Fundación CESCAN (Spain)
Fundació Gresol Projecte Home (Spain)
Fundación Hogares Claret (Colombia)
Fundación Noray Proyecto Hombre Alicante (Spain)
Fundació Projecte Home Balears (Spain)
Fundación Solidaridad del Henares (Spain)
Fundación Solidaridad y Reinserción (Spain)
Gaudenzia (United States of America)
Integrity House (United States of America)
Juventud Sin Adicciones AC (Mexico)
Kasih Mulia Foundation (Indonesia)
M.A. Jinnah Foundation (Pakistan)
Magdaléna O.P.S. (Czech Republic)
Mithuru Mithuro Movement (Sri Lanka)
NADAP (United States of America)
Nafarroako Gizakia Helburu / Proyecto Hombre Navarra (Spain)
Odyssey House Louisiana (United States of America)
Odyssey House Sydney (Australia)
Old World Christian Charity (Russia)
OpbygningsgÅ¥rden (Denmark)
Programa Cumelen (Argentina)
Proyecto Amigó (Spain)
Proyecto Hombre Granada (Spain)
Proyecto Una Nueva Oportunidad (Argentina)
Renaissance Inter (Bulgaria)
RIC-Rose Co-Operation Nepal (Nepal)
Red Iberoamericana de ONG que trabajan en Drogodependencias –RIOD
Samaritan Daytop Village (United States of America)
Self Enhancement for Life Foundation –SELF (The Philippines)
Stichting De Stam (The Netherlands)
KETHEA (Greece)
Therapeutic Communities of America –TCA
Westcare Foundation (United States of America)
We Help Ourselves –WHOS (Australia)
World Federation of Therapeutic Communities –WFTC

List of observers:

United Nations Office on Drugs and Crime - UNODC
Government of Spain
National Institute on Drug Abuse (United States of America)
University of Balearic Islands (Spain)
University of Ghent (Belgium)

Presented at United Nations March 2017

ANNEX 2 – Respondent organizations list

Below, the list of WFTC respondent organizations, to which we leave our acknowledgments.

The total number of some countries is different than the total in previous tables because some organizations sent data also from independent branch offices, and in this list, there are accounted as one organization, and the Dianova related organizations are listed independently.

NORTH AMERICA

USA

1. Acacia Network, Inc.
2. Amity Foundation
3. Amity Foundation
4. Bridges International
5. California Human Development/Athena House
6. Center Point Drug Abuse Alternatives Center
7. Center Point, Inc.
8. Concepts Foundation
9. Dynamic Youth Community, Inc.
10. Gateway Foundation
11. Integrity House
12. IRBO, Corp
13. Odyssey House Lousiana, Inc.
14. Outreach Development Corp
15. PRO-A / PA
16. Treatment Communities of America
17. Treatment Trends, Inc.
18. Vocational Instruction Project Community Services, Inc.
19. Wayne Garcia
20. West Care Foundation
21. West Care Foundation, Inc.

LATIN AMERICA

Argentina

1. ACIAR - El Reparo CT
2. Ananke
3. Asoc. Civil Programa Delta
4. Asociación Nazareth
5. Asociación Sedro
6. Centro D.U.O
7. Centro Juvenil Esperanza
8. FONGA

9. Fundación Aylen
10. Fundación Creer es Crear
11. Fundacion el Eden e Instituto Del Prado
12. Fundacion Viviré
13. Gladys Beatriz Madeddu
14. Grupo del Oeste
15. Jorge Esteche
16. La Urdimbre
17. Posada del Inti
18. Programa Guadalupe
19. Proyecto Uno

Brazil

1. ARAD - Comunidade Terapêutica Caminho do Sol
2. Arthur Reis Bradaci
3. Associação Acolher
4. Associação Beneficente Novo Amanhã
5. Associação CRENSA
6. Associação de Acolhimento para dependentes químicos Caminho da Paz
7. Associação Projeto Respeitar
8. AVIPAE - Amor Exigente
9. CACTOS Centro de Apoio e Recuperação de dependentes de drogas
10. Casa de Apoio Pe. Aloisio Boeing
11. Casa de Recuperação O Senhor é contigo Varão Valoroso
12. CAUDEQ - Centro de Atenção Urbana à Dependência Química
13. Centro de Reabilitação Contra Dependência Química Gileade
14. Centro de Recuperação Conquista
15. CERENE Centro de Recuperação Nova Esperança
16. Comunidade Solidariedade SOL
17. Comunidade Terapêutica Apostólica Filadélfia
18. Comunidade terapêutica conquista
19. Comunidade Terapêutica Essência de Vida
20. Comunidade Terapêutica Há Esperança sem Drogas
21. Comunidade Terapêutica Kairós
22. Comunidade Terapêutica Mãe da Vida
23. Comunidade Terapêutica Nova Esperança
24. Comunidade Terapêutica Nova Jornada
25. Comunidade Terapêutica Peniel
26. Comunidade Terapêutica Primeiro Passo
27. Comunidade Terapêutica São Francisco
28. Desafio Jovem de Santo André
29. Esquadrão Vida
30. Fazenda do Senhor Jesus - Raio de Esperança
31. Fundação Padre Gabriel Correr
32. Instituto Reviver com Cristo
33. Terra da Sobriedade - Associação de Atenção à Dependência Química

Chile

1. Comunidad La Roca
2. Centros Crea
3. Fundación Dianova Chile

Colombia

1. Corporación AVA
2. Corporación Gestora de Paz Kairós
3. Corporación Soplo de Vida
4. Federación Colombiana de Comunidades Terapéuticas FECCOT
5. Fundación Familiar Faro
6. Fundación Funlema
7. Fundación Nuevos Corazones
8. Raíces, Alas y Sentido
9. Soplo de vida
10. Transformando vidas

Ecuador

1. Federación Ecuatoriana de Comunidades Terapéuticas

Peru

1. ACTP Asociación de Comunidades Terapéuticas de Perú
2. Asociación de Comunidades Terapéuticas Peruanas
3. Centro de Desarrollo Humano y Rehabilitación Psicosocial “De Nuevo en la Vida”
4. Centro de Desarrollo Humano y Rehabilitación Psicosocial Amarse

Uruguay

1. Dianova Uruguay

EUROPE

Belgium

1. De Kiem
2. Trempoline

Czech Republic

1. Magdaléna, O.P.S.

Greece

1. KETHEA (Therapy Center for Dependent Individuals)
2. ARGO Alternative Therapeutic Program for Drug Addicted Individuals

Ireland

1. Coolmine Therapeutic Community

Italy

1. Ceis Genova
2. Federazione Italiana Comunità Terapeutiche FICT
3. Dianova Cooperativa Sociale

Portugal

1. Centro de Solidariedade de Braga - Projecto Homem
2. Centro Social Interparoquial de Abrantes - Projecto Homem
3. Associação Dianova Portugal

Republic of Moldova

1. Initiativa Pozitiva

Slovenia

2. Drustvo UP

Spain

1. Asociación Proyecto Hombre
2. Asociación Dianova España
3. Dianova International

ASIA

Nepal

1. Ric-Rose Cooperation Nepal

Bangladesh

1. APON Addiction Rehabilitation Residence
2. Dhaka Ahsania Mission

India

1. Angels in the Field
2. Shafa Home
3. SPYM

Indonesia

1. Sekar Mawar Foundation
2. National Narcotic Board Drug Addiction Rehabilitation Center

Lebanon

1. CDLL

Malaysia

1. Pengasih Malaysia

Pakistan

1. KKAWF

Philippines

1. Self Enhancement for Life Foundation (SELF)
2. Self Enhancement for Life Foundation, Inc.
3. DOH- Malinao Treatment and Rehabilitation Center

OCEANIA

Australia

1. Caraniche
2. Goldbridge Rehabilitation Services
3. The Forster Foundation for Drug Rehab Inc. ta Banyan House
4. WHOS (We Help Ourselves)
5. Yaandina Community Services