**Project** : attention to the treatment and rehabilitation of people in a state of vulnerability with some type of psychoactive substances addition or consumption and that through a comprehensive therapeutic program lasting approximately three months the patient is admitted to a detoxification, detoxification and rehabilitation process .

And then a follow-up stage that takes place in the following 9 months

**Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | | | |
| 1.               PHASE OF DETOXIFICATION: It has an average duration of 10 days, in this phase the user enters a critical stage by the abandonment or abandonment of the addictive substances, which will produce in him, the withdrawal syndrome that will cause him to suffer alterations organic, psychological and mental, so that in its vast majority it is necessary to medicate them to counteract this symptomatology. The patient during this stage will be under observation and evaluation by therapeutic team permanently and will attend the different activities to the extent of their abilities and motivation, not being required in their participation | | | |
| Unit / patients | Days | Unit value | Total Value |
| 20 | 10 | $104.350 | **$ 20.869.952,84** |
| 2.               PHASE OF DISHABITATION: after being detoxified the user goes to this phase that lasts for 35 days. In this phase the user enters to actively participate in the activities programmed day by day within the treatment. During this stage the user is valued by the therapeutic team and day and night by nursing.The objective of this phase is to recover in the user the lost values ​​such as commitment, respect, responsibility and others, while being aware of being part of a society as a good person with respect for the norm, authority and the law. They reinforce their skills and abilities or work skills, those who have academic limitations acquire training so that they learn to read and write and know numerology. The patient lives in this phase a permanent therapeutic activity from the time he gets up to sleep with responsibilities, tasks, educational workshops, sports, recreation, discipline and working on it the importance of compliance with the rule and respect for authority.    In this phase, your family is integrated as a reinforcing component of the treatment, through social intervention work in order to know from the family which factors have affected the patient's problem or if, on the contrary, it is a supportive and reinforcing family of positive aspects that in the immediate future become protective factors that will obviously guarantee the evolutionary process and rehabilitation of your patient.  The users hospitalized after 45 days of hospitalization begin to have leave permits from Saturday to Monday, or from Saturday to Tuesday when it is a holiday; this helps to allow the patient to return to his family and social environment, but with another attitude, already changing, with a sense of self-care, responsibility and following the norm and authority.  Each permit is evaluated by social work and the family, in order to know how was the patient's behavior in this permit and reinforce the positive aspects, stimulating achievements, as well as therapeutically pointing out the presented difficulties, offering a space of ventilation of feelings relatives, to then impart the necessary corrective measures to put them into practice in the following permits. | | | |
| Unit / patients | Days | Unit value | Total Value |
| 20 | 35 | $104.350 | **$ 73.044.834,93** |
| 3.               PHASE OF RESOCIALIZATION: Its duration is 45 days and is practically the final stretch of the hospitalization stage, which strengthens and reinforces the achievements of the patient so far and evaluates the work responses given by the therapeutic team in front of the difficulties presented by the user.  We work with the user in recent weeks what is the viable life project for him, emphasizing the use of his social, academic and work skills, the implementation of the appropriate use of free time, participation Active home chores, return to academic activity if you are studying or work activity, if you are working.  The user is already able to identify the risk factors that can lead to relapse but in turn also have the tool to face or avoid this risk and possible relapse, consequently, the user is already able to program a daily living healthy, supported by a schedule of activities from the time you get up until you go to bed, it does not matter if you study or work or none of the above.  Theoretically it is said that while the addict is busy healthy and productive, the possibility of relapse will be very far away.      Family visit:  All users after the detoxification phase, begin to receive visits from their family. This allows the therapeutic team to get to know this system, from its dynamics and functioning, the role played by the patient in it, or if on the contrary it is an indifferent, apathetic, sometimes even coadjutant , conflictive family, which makes the patient look for the drug as a means of escape, in the face of family problems. | | | |
| Unit / patients | Days | Unit value | Total Value |
| 20 | 45 | $104.350 | $93.914.787,77 |
| 4. FOLLOW UP PHASE: Once the patient is discharged from the hospitalization stage, he continues his process by External Consultation with appointments scheduled monthly (1 weekly consultation with psychologist and psychiatrist, social work), with his respective therapist and support groups with so that both patient and family have a therapeutic support in this phase to properly channel the difficulties that are presented in this phase or vice versa, strengthen and stimulate the achievements that are obtained in the development of it.  After completing nine (9) months in the process, the patient is discharged, having the opportunity to continue coming to the AVIVAR FOUNDATION, to an appointment or to receive guidance or tools, at the time he deems necessary, in other words The AVIVAR FOUNDATION remains with the doors open to the user to provide the service he requires at the time. | | | |
| Unidad/ pacientes | Meses | Valor unitario | Valor total |
| 20 | 9 | ($1.000.000) | ($180.000.000) |
|  | | | |

**issue**

Mental health is fundamental for public health and there are many reasons for this: mental disorders are frequent, affect two out of every five adults in our country, no socioeconomic level or geographical area is immune to them, they are costly both economic as well as emotionally for the person, the family and society, and the coexistence of physical illnesses and mental disorders is very frequent. Health promotion is superimposed on these domains and the benefits of prevention are common to all.

It is necessary to work on a public health approach in the promotion of mental health and the prevention of problems of addictions and mental disorders, and a strategy to promote resilience and emotional well-being in individuals, families and communities. In addition, the promotion of mental health is vital in developing countries such as Colombia, dedicated to serious psychosocial problems, taking into account the long internal armed conflict and the frequent situations of complex emergencies and disasters that have affected the country in recent years.

Innovation, adaptation and evaluation, mobilized by an effective lobby, are necessary to integrate the promotion of mental health into the public health agenda.

In terms of mental health, Apartadó requires the help of everyone to help these drug addicts from a comprehensive and timely treatment that can be given in the same area of Uraba so that the family relationship is not lost ,as it goes there were an increase in cases of attempted suicide in 2013 (52 events) compared to 2012 (30 cases). On the other hand, according to the latest ESE Charisma survey, 71.7% of the youth in Urabá have consumed or consumed alcohol.

**Addition to alcoholic beverages:** In the Department of Antioquia the consumption of psychoactive substances is a problem that generates great concern, and how it behaves varies in each of its 9 subregions.

Alcohol consumption in the Department of Antioquia has the highest prevalence with 88.2%, being above the national average was 86.1%, this information is taken from the report made by the Government of Antioquia on the situation of consumption of alcohol. drugs in Antioquia for the year 2015.

In the Municipality of Apartadó, according to the survey of psychoactive substances consumption conducted by the Hospital Antonio Roldan Betancur in 2014, 19% of young people consume or have consumed alcohol in their lives.

**Addition to drugs:** includes drugs other than alcohol, in which, for the prevalence of life, in the male population it presented 12% and among the female population 3.4%. By age group the population between 13 and 18 years is the highest with 15.7%, followed by ages between 19 and 29 with 9.5% and for ages over 30 is the lowest with 7.3%

**General purpose**

Promote a place for attention, prevention, identification and reflection to the treatment of adolescents, youth and adults of both genders between the ages of 12 and 50 who present behavioral problems associated with addictions, in experimentation, use and abuse, that have a network of socio-family support and motivation to the consolidation of their life project.

**Specific Objectives**

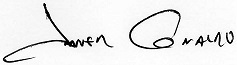
* Execute social development programs and projects for the benefit of the community in the provision of health services understood as an essential public service and as an integral part of the health social security system. ⎫
* Address and control the organic and psychiatric symptoms associated with the abuse of psychoactive substances. ⎫
* Extinguish attitudes and adaptive behaviors and learn a repertoire of new personal resources that favor a healthier lifestyle.
* Develop with our patients life projects aimed at restoring family, social and work life. ⎫
* Advancing actions of prevention, treatment and rehabilitation of additions and consumption of psychoactive substances through a comprehensive therapeutic program. ⎫
* Develop and apply strategies to disseminate the services offered by the FOUNDATION, in order to ensure greater access and greater use of these, by the population in general. ⎫
* Develop actions that allow awareness to stop the consumption of psychoactive substances and emotional and psychological deterioration of the addict

**Target population**

Total population: according to the DANE (2012) for the year 2013 the municipality has 178,257 inhabitants, of which 154,284 reside in the urban area, this is the municipal seat and 23,973 belong to the rural population. Total, population of women 90,140 total population of men 88,117

**Population to be covered by the entity** : according to the different visits made in educational institutions to emphasize the problematic object, such as drug use in this case in school adolescents, and reviewing the database that the Local Secretary of health, and adding these data there is an approximate of 2,896 people among young people and adults of which Fundacion Avivar has the ability to attend between outpatient treatment and hospitalization an approximate of 4.86% of this population equivalent to 302 people

Cordialmente



**JHON JANNER GIRALDO SOTELO**

DIRECTOR

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B/ Industriales

Apartado - Antioquia