

Abstract

Resources: Due to the demographic aging of the population in developed countries, the proportion of seniors in the population is increasing. This trend is also reflected in the adictology which we are increasingly meeting the target group addicted to addictive substances (gerontoadictology). The Czech republic has a relatively well-established network of services for addiction clients in which the residential care service has a justified place. It is focused on maintaining positive behavioral changes, gradual integration of clients into everyday life and promotes abstinence effectively. However, no existing research reflects how this service is available for gerontoadictology clients in the South Moravian, South Bohemian and Vysočina regions, which programmes and adaptations it has for them, or what are the gaps in the care of these clients.

Targets: The core of the research is the mapping of the availability of residential aftercare services in South Bohemian, South Moravian and Vysočina regions for gerontoadictology clients. The thesis identifies possible limiting factors for this target group and deserves authentic subjective experience of research in the role of relatives of addicted clients during communications with services.

Methodology: Practical part of the thesis was realized by the qualitative research method Mystery shopping during which implementers of the study were finding out by the phone, in the role of potential candidates for aftercare service, needed information. Research respondents were selected on the basis of preselected criteria. These are all facilities offered residential aftercare in South Moravian, South Bohemian and Vysočina regions with the target group over 18 years of age up to at least 70 years of age. According to the survey there are seven of these facilities. The obtained data were processed by the method of text analysis of conducted interviews.

Results: Throw the results of research were found out that in three of seven facilities would be possible to accomodate gerontoadictology client without limits and conditions. The reasons for non-location were various. The client did not meet the target group, there were administrative changes so they did not accept any new clients. The research showed these limited factors, facility capacities and need of good health and mobility, because all offered services were barriers and did not have suitable medical care available. The research also

showed that staff have high-quality information about service, they are willing to advise and they are looking at service seekers without prejudice.

Conclusions: Gerontoadictologic clients can be placed to residential aftercare services, but in most cases there are limits. It is necessary to point out that no service has a direct programme which is for senior clients dedicated and they do not have much experience with them. There could be an increase in the number of homes with special arrangements for addicted seniors.

Keywords: addiction services, aftercare services, gerontoadictology