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Conclusions of the workshops



RESTART

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RESTART project: *Sport, Rehabilitation and Addiction Recovery*

Introduction

Addiction represents one of the most pressing public health challenges in Europe. Both substance-related addictions, such as alcohol and drugs, and behavioural addictions, including gambling and digital dependencies, significantly impact individuals, families, and communities. Traditional approaches to addiction rehabilitation have relied heavily on pharmacological treatment, psychotherapy, and social support networks. However, recent research highlights the importance of holistic interventions that incorporate lifestyle factors such as nutrition, physical activity, and structured recreational engagement. In this context, Project RESTART (Sport, Rehabilitation and Addiction Recovery) emerges as a transnational initiative that integrates rehabilitative sport into addiction recovery programmes. The project aligns with the European Commission's HealthyLifeStyle4All strategy and is developed in collaboration with institutions from Spain, Portugal, Italy, and Austria.

Theoretical Framework

The relationship between physical activity and mental health has been widely documented. Sport and exercise are associated with improvements in self-esteem, stress regulation, cognitive functioning, and social integration (Biddle et al., 2019). Within the field of addiction recovery, structured physical activity provides patients with a non-pharmacological strategy to regulate mood, reduce cravings, and rebuild social ties. According to the World Health Organization (2022), physical activity is a key determinant of health and resilience, particularly for vulnerable populations. Evidence shows that exercise stimulates neurobiological processes that counteract some of the dysregulations caused by substance use, such as deficits in dopamine and serotonin systems (Linke & Ussher, 2015). Moreover, in behavioural addictions like internet gaming disorder, structured exercise has demonstrated positive effects on impulse control and time management (Liu et al., 2020).

Project RESTART: General Overview

Project RESTART is a European collaborative initiative that promotes the incorporation of rehabilitative sport within addiction treatment services. Its objectives include: (a) enhancing the therapeutic use of sport for people with substance and behavioural addictions; (b) exchanging best practices among European institutions; and (c) aligning rehabilitative sport with the EU's HealthyLifeStyle4All campaign. The initiative targets both traditional addictions such as alcohol and drugs, and new forms of digital dependence, particularly gaming and excessive internet use. By situating sport as a

rehabilitative tool, the project seeks to strengthen patients' motivation, self-confidence, and health outcomes.

Methodology and Implementation

The project is structured around a cycle of three transnational meetings hosted by partner organisations. These meetings provide opportunities for knowledge exchange, field visits, and collaborative workshops. The consortium includes: Fundació Hospitalàries Sant Boi (Spain), Instituto São João de Deus (Portugal), Lebenswelten Der Barmherzigen Brüder Steiermark (Austria), Provincia Italiana Della Congregazione Delle Suore Ospedaliere Del Sacro Cuore Di Gesù (Italy), and Club Deportivo Básico Sanatorio Marítimo (Spain). During each meeting, participants present their institutional practices related to sport-based rehabilitation, discuss challenges, and co-develop frameworks for integrating sport into therapy.

Analysis of Transnational Meetings

First meeting was held in March 2025 at Fundació Hospitalàries Sant Boi in Spain, focused on presenting national experiences where physical activity was integrated into addiction recovery. Participants shared models ranging from community-based fitness programmes to structured sport therapy sessions. The meeting highlighted the psychological benefits of sport and identified barriers such as lack of funding and institutional resistance. The second meeting, hosted in May 2025 in Graz, Austria, shifted the focus towards behavioural addictions, particularly digital gaming. Experts presented research on the

neurocognitive mechanisms underlying gaming disorder and discussed interventions where physical activity was used to re-establish healthy routines. Institutional visits provided insights into how Austrian centres integrate sport within addiction counselling. The third meeting took place in September 2025 in Funchal, Portugal, focusing on outdoor activities that can be integrated into sports rehabilitation programs for people with addictions. In addition to the academic sessions held at the host institution, the group had the opportunity to personally experience the positive impact of outdoor activities on mental health through a trekking excursion. The organizers, in agreement with the steering committee, chose this approach to convey to the entire team both the importance and methodology of implementing outdoor therapies in sports rehabilitation programs — and it proved to be highly successful. First meeting, Barcelona

Regarding first meeting, it was structured in two days, the first one held on Fundació Hospitalàries Sant Boi (Spain) and the second one in the Department of Health of Generalitat de Catalunya.



A central element of the meeting was the discussion of selected programs on sport and physical activity designed to support recovery from traditional addictions. These discussions provided a comparative overview of existing initiatives across partner countries, illustrating how structured exercise and sport-based interventions can complement pharmacological and psychological treatments. Programs presented included community-based fitness activities, supervised group exercise sessions, and sport therapy modules embedded within clinical services. The exchange highlighted both the physiological benefits of physical activity—such as improved cardiovascular fitness and reduced withdrawal symptoms—and the psychosocial outcomes, including enhanced self-esteem, strengthened coping skills, and the restoration of social ties disrupted by

addiction. Importantly, the dialogue underscored the role of sport in fostering routine, discipline, and a sense of achievement, which are critical in sustaining long-term recovery. By analyzing the similarities and differences among national approaches, the meeting contributed to building shared knowledge on effective strategies, while also identifying gaps in evaluation methods and the need for more standardized indicators of health and well-being outcomes.

Another key outcome of the meeting was the definition of support networks and tools that could facilitate the practice of sport within public structures. Participants emphasized that sustained engagement in rehabilitative sport requires more than individual motivation; it depends on the availability of institutional support systems capable of providing continuity and accessibility. Support networks were conceptualized as multi-level structures, involving healthcare providers, sport professionals, social workers, and community organizations working in coordinated teams. These networks can ensure that individuals in recovery are guided through referral pathways, accompanied during initial stages of participation, and supported in maintaining long-term adherence. Alongside networks, the development of practical tools was also prioritized. Such tools include digital platforms for scheduling and monitoring activity, mobile applications that provide personalized exercise plans, and community resource maps that connect therapeutic centers with local sport infrastructures. By embedding these tools and networks into public structures—such as municipal health services, schools, and community sport facilities—the project highlighted the potential to normalize rehabilitative sport as part of everyday healthcare provision. This approach not only strengthens equity and

accessibility but also enhances the sustainability of programs by situating them within the broader framework of public health promotion and social well-being (WHO, 2022; Biddle et al., 2019).

On 26th March 2025 the day began with a presentation of the different project partners by RESTART Steering Committee members.

Hereafter, we had an institutional welcome by Dr. Joan Orrit, manager director of Fundació Hospitalàries Sant Boi, Dra. Salut González, 5th Deputy Major of Sant Boi City Council and Sor Teresa Íñiguez, superior of Fundació Hospitalàries Sant Boi.



Afterwards,

- **At 9:30h. a presentation entitle *Sport as therapeutic tool in rehabilitation* was presented by a psychiatrist from Acute Unit and Dual Pathology Program. A program with commitment to physical activity.**

- **After that, a transit community program from the Medium and Long stay Units was presented by a social educator and the manager from these units.**
- **Also, it was presented a sport program in Adolescent Unit by a social educator from this unit.**

A central element of these sessions was the discussion of selected programs on sport and physical activity designed to support recovery from traditional addictions. These discussions provided a comparative overview of existing initiatives across partner countries, illustrating how structured exercise and sport-based interventions can complement pharmacological and psychological treatments. Programs presented included community-based fitness activities, supervised group exercise sessions, and sport therapy modules embedded within clinical services. The exchange highlighted both the physiological benefits of physical activity—such as improved cardiovascular fitness and reduced withdrawal symptoms—and the psychosocial outcomes, including enhanced self-esteem, strengthened coping skills, and the restoration of social ties disrupted by addiction. Importantly, the dialogue underscored the role of sport in fostering routine, discipline, and a sense of achievement, which are critical in sustaining long-term recovery. By analyzing the similarities and differences among national approaches, the meeting contributed to building shared knowledge on effective strategies, while also identifying gaps in evaluation methods and the need for more standardized indicators of health and well-being outcomes.

- **To finish with the presentations, it was explained the implementation of a GOLD level Smoke Free Program, related with the Catalan Network of Smoke-Free Hospitals, presented by Isabel Feria, head of Methodology and Research at Fundació Hospitalàries Sant Boi. And, the recent implementation of an International Protection Center for refugees implemented in Fundació Hospitalàries Sant Boi since 2022.**
- **At 12h., the RESTART members attended at a physical activity carried out by professionals and inpatients in the center (Fundació Hospitalàries Sant Boi) facilities and a guide tour through the center was done.**

The meeting also included a visit to the facilities of the organizing partner, which provided participants with a practical context to observe how rehabilitative sport programs can be integrated into existing infrastructures. This visit allowed for direct engagement with coaches, facility managers, and healthcare professionals, thereby offering valuable insights into the logistical, organizational, and therapeutic dimensions of implementing sport-based rehabilitation. Beyond the observational component, the event facilitated structured discussions with invited stakeholders, including representatives from local authorities, healthcare services, and community organizations. These dialogues focused on opportunities for collaboration in the field, particularly in terms of aligning therapeutic objectives with available sport infrastructures and identifying synergies between clinical treatment and community-based sport initiatives. The exchange highlighted the potential for cross-sector partnerships to address barriers such as accessibility, financial constraints, and social isolation by leveraging shared resources and institutional support.

Furthermore, the collaborative dialogue underscored the strategic importance of involving local stakeholders in the design and delivery of programs, ensuring sustainability and enhancing the capacity of rehabilitative sport to contribute to public health and social inclusion goals.



- **At 15h we worked in different groups carrying out the good practice tables. To finish with a plenary discussion & wrap up.**



The meeting strengthened collaborative teamwork in an international environment, bringing together therapeutic centers, sports organizations, and policy stakeholders across different European contexts. This transnational cooperation facilitated the sharing of innovative practices and the development of common strategies to integrate rehabilitative sport into therapeutic services. By working collectively across institutional

and national boundaries, the meeting underscored the importance of coordinated efforts to overcome barriers such as accessibility, financial limitations, and lack of structured routines. Furthermore, it illustrated how international team-based collaboration can inform public policy frameworks, enhance sustainability, and align rehabilitative sport programs with the broader objectives of European health and social inclusion agendas.

A crucial aspect discussed in the project concerned the monitoring and evaluation of the benefits of sport and physical activity during detoxification programs from traditional addictions such as drugs and alcohol. Effective evaluation was recognized as indispensable for demonstrating both the clinical efficacy and the social value of rehabilitative sport. Monitoring systems should capture multidimensional outcomes, encompassing physiological indicators (e.g., cardiovascular fitness, muscular strength, sleep quality), psychological variables (e.g., levels of anxiety, depression, and self-efficacy), and social dimensions (e.g., reintegration into group activities and reduction of isolation). The use of validated assessment tools, including psychological well-being scales and standardized physical fitness tests, was highlighted as essential for generating robust and comparable data.

Furthermore, discussions pointed to the importance of longitudinal designs, as short-term evaluations may underestimate the sustained impact of physical activity on recovery trajectories. Incorporating digital tools, such as wearable devices and mobile health applications, was proposed as a means to improve accuracy, provide real-time feedback, and enhance patient engagement in the monitoring process. Evaluation methodologies

were also linked to policy implications: robust evidence on cost-effectiveness and therapeutic outcomes can support the integration of sport-based interventions into public health frameworks and secure long-term funding. In this sense, monitoring and evaluation were not conceived as mere technical tasks but as strategic components of knowledge production, capable of reinforcing the scientific legitimacy of sport within addiction treatment (Linke & Ussher, 2015; Battista et al., 2020; WHO, 2022).

On 27th March 2025 the day began at Department of Health of Generalitat de Catalunya



- **From 9:30h to 10:30h we had the inaugural conference entitle *Social prescription: from Primary Care to Addictions* presented by Dr. Joan Colom,**

**General Subdirector of Addictions, HIV, STIs and Viral Hepatitis from the Catalan
Public Health Agency**

In parallel, participants reflected on the skills acquired through this cooperative process. Among the most relevant were intercultural communication and negotiation skills, given the diversity of institutional and national contexts involved. Equally important were project management skills, such as the capacity to design and implement sport-based rehabilitation initiatives in complex organizational environments. Participants also strengthened their knowledge of public health frameworks and developed the ability to translate evidence on sport and well-being into actionable strategies at the local level. The cultivation of these skills reinforces the sustainability of cooperation, ensuring that partnerships between therapeutic and sport stakeholders can generate long-term benefits for individuals in recovery and contribute to the integration of rehabilitative sport into broader health and social policies.

- **From 11h to 12:15h we visualize a first-person documentary entitle "*Línea de Salida*" from Sport2live program, presented by Eduard Torras, Sport2live's general director.**
- **From 12:15 to 14h. two damage reduction programs were presented:**
 - ***Fight4Fun* program, presented by Josep Rovira, director of the Drug Area of the ABD Group.**

These presentations also contributed to the identification of strategies aimed at strengthening cooperation between project partners and key sport stakeholders at the

local level. Discussions underscored that effective collaboration requires mechanisms of coordination that bridge therapeutic centers, municipal authorities, local sport clubs, and community organizations. Strategies proposed included the creation of inter-institutional working groups, the development of formal cooperation agreements, and the establishment of joint training sessions for professionals from both therapeutic and sport domains. These approaches were recognized as essential to harmonize objectives, pool resources, and ensure continuity between clinical interventions and community-based sport opportunities.



- ***Esportsalus Addictions Program, presented by Mariona Corbella, director of the Esportsalus Foundation.***

This presentation served as a key platform for the generation and exchange of health and well-being knowledge in the field of rehabilitative sport. By bringing together professionals from therapeutic centers, sports organizations, and public institutions, it facilitated a multidisciplinary dialogue on how physical activity can be systematically integrated into recovery pathways. This knowledge exchange encompassed both clinical insights into addiction treatment and practical experiences related to the promotion of physical fitness, psychological resilience, and social reintegration. The discussions underscored that well-being extends beyond the absence of disease and must be approached holistically, combining physical, mental, and social dimensions. Furthermore, the meeting highlighted the importance of translating this knowledge into practice through evidence-based interventions, collaborative teamwork, and policy frameworks that ensure sustainability and equity. In this way, the event contributed not only to the advancement of scientific understanding but also to the practical enhancement of health and well-being strategies at both national and European levels.

Evaluation of the Barcelona Meeting

At the end of the second day all the RESTART delegates filled a satisfaction questionnaire

Original Questionnaire

To what extent has the RESTART Meeting increased your knowledge about the use of rehabilitative sport in addiction treatment?

- - Not at all
- - Slightly
- - Moderately
- - Significantly
- - Extremely

How useful were the experiences and best practices shared during the meeting for your professional work?

- - Not useful
- - Slightly useful
- - Moderately useful
- - Very useful
- - Extremely useful

How satisfied are you with the organization and content of the activities (presentations, group dynamics, documentary, etc.)?

- - Very dissatisfied
- - Dissatisfied
- - Neutral
- - Satisfied
- - Very satisfied

How would you rate the opportunities to build international collaboration networks during the Meeting?

- - Very negative
- - Negative
- - Neutral
- - Positive
- - Very positive

How would you evaluate the emotional and motivational impact of the documentary 'Línea de Salida' on your perception of addiction recovery?

- - Very negative
- - Negative
- - Neutral
- - Positive
- - Very positive

Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?

- - Not at all
- - Slightly
- - Moderately
- - Significantly
- - Extremely

Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?

- - Yes
- - No
- - Not sure

What suggestions or improvements would you propose for future editions of the RESTART Project? [Open text response]

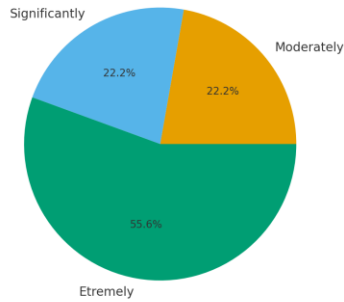
Briefly describe any knowledge, strategy, or idea you are taking away from the Meeting that you plan to apply in your professional context: [Open text response]

Which aspects of the Meeting would you highlight as particularly inspiring or transformative? [Open text response]

Closed Questions - Pie Charts

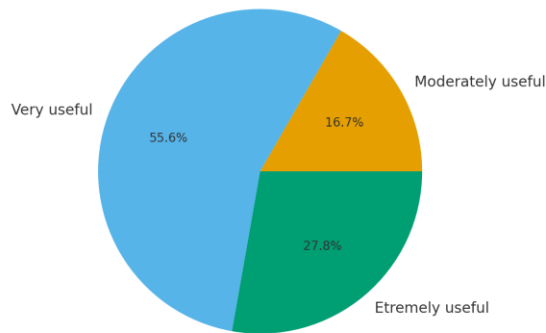
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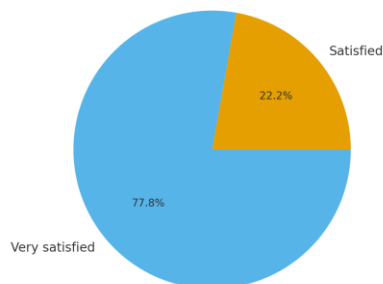
Q2: How useful were the experiences and best practices shared during the meeting for your professional work?

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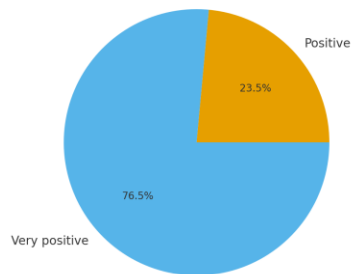
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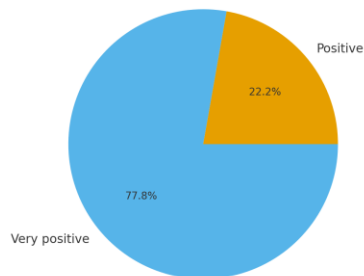
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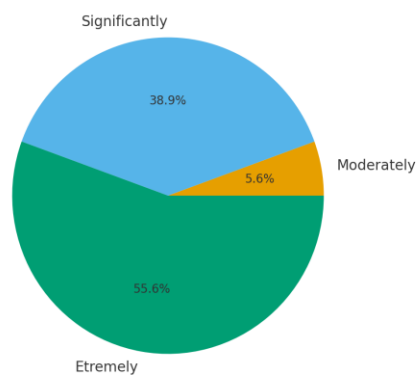
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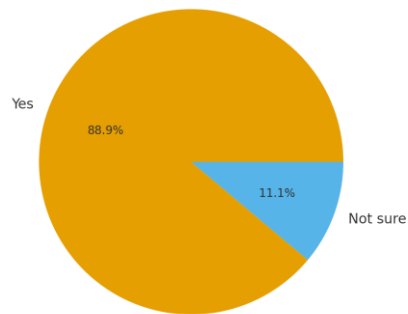
Q8: Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?

Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?



Q10: Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?

Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?



Open Questions -

What suggestions or improvements would you propose for future editions of the RESTART Project?

More time in activities and visits

we need more time...; more time to see the institutions; I'll employ more time in visiting the center...

Greater involvement of patients and families

having patients that have overcome addiction to speak; families of patients who suffer addiction to speak; having patients doing activities with participants

Diversity of institutions

to see also the clinic for patients with classic diagnosis; more similar institutions should participate; visit less structure

More teamwork and group dynamics

have more team work; more group dynamics

Briefly describe any knowledge, strategy, or idea you are taking away from the Meeting that you plan to apply in your professional context:

Collaboration with sport clubs/gyms	cooperation with sport club; started a collaboration with a sport center; the partnership with local gyms for patients
Integration of sport in treatment plans	sport can be offered in an outpatient clinic; the idea of central importance of sport in treatment plans; insert an external figure to offer hours dedicated to sport
Cooperation with local authorities	cooperation with city council for referral to gym
Training professionals and sport trainers	update and train professionals; educate trainers and sport clubs near our centers
Organization and planning	the organization of the team and the schedule; weekly planification according to individual preference

Which aspects of the Meeting would you highlight as particularly inspiring or transformative?

Hospitality and personal interaction	hospitality; personal interaction with colleagues from other countries
Documentaries and videos	the video linea de salida; video reportages; the documentaries about rehabilitation through sport
Examples of sport programs	sport program presented by Sport to Live; the presentation of various sport projects
Commitment and professionalism	professionalism and passion showed by the professionals; commitment of organization

Networking and European project dimension

Seeing people from very different backgrounds...; The feeling of being part from something bigger...

Main Conclusions

1. Impact on Knowledge and Usefulness

The vast majority of participants reported that the meeting significantly or extremely increased their knowledge about the use of sport in addiction rehabilitation. The shared experiences and best practices were perceived as very useful or extremely useful for their professional context.

2. Organization and Activities

Overall satisfaction was very high: most participants declared themselves very satisfied with the organization and the contents (presentations, group dynamics, documentary, etc.). The documentary 'Línea de Salida' was especially highlighted for its strong emotional and motivational impact.

3. International Collaboration Networks

The meeting was highly valued as a space to create and strengthen international collaboration networks, consolidating the exchange of experiences among institutions.

4. Professional Commitment

Most participants confirmed that the meeting reinforced their personal and professional commitment to integrating sport into rehabilitation programs for people with addictions. Almost all would recommend participation in future editions to other professionals.

Suggestions for Improvement (Open Questions)

- More time dedicated to activities and visits to institutions.
- Greater involvement of patients and families in the program.
- Visiting more diverse and representative institutions.
- More group dynamics and teamwork.

Ideas and Lessons to Apply

Among the ideas participants plan to apply in their context are:

- Collaboration with local sports clubs and gyms.
- Systematic integration of sport in treatment plans.
- Training for professionals and trainers in addictions and sport.
- Improved organization and weekly planning of activities.

Most Inspiring Aspects

- Hospitality and personal interaction among participants.
- The documentary and audiovisual materials presented.
- Concrete examples of sports programs showcased.
- Professionalism and commitment of the organizations.
- The feeling of being part of a larger European project.

General Conclusion

The survey reflects very high satisfaction with the Barcelona meeting, highlighting its educational, inspirational, and networking value. Participants see sport as a central tool for addiction rehabilitation and clearly recommend the continuation of the project, suggesting mainly adjustments to allow more time for activities and greater direct involvement of patients and families.

Second meeting, Graz

RESTART Workshop 2025 – Summary, Graz (20–21 May 2025)

The workshop was structured in two day. The first part of the day was held at “LEBENSWELTEN Steiermark” in Kainbach bei Graz, a institution of the Order Hospitaller of Saint John of God. The second part of the first day was held at “WALKABOUT Therapiestation für Drogenkranke”, an inpatient clinic for drugtherapy of the Order Hospitaller of Saint John of God.

The second day was held at “WALKABOUT Ambulanz Mariahilf”, an outpatient center of the “WALKABOUT Therapiestation für Drogenkranke”. Five groups of professionals working in the field of drug addiction services from four countries (Italy, Austria, Portugal, and Spain) took part.

Arrival

The participating groups from Barcelona, Gijón, and Madeira arrived on **19 May 2025**, while the Italian group arrived in the morning of **20 May**. In the evening, staff members of **WALKABOUT** organized a guided tour of Graz to provide an opportunity for informal exchange and to mark the start of the joint workshop days. This gave the visiting groups the chance to get to know the city of Graz and gain an impression of Austrian culture. At the same time, this informal setting offered a common and cohesive start for collaboration during the following days. Discussions included personal introductions as well as conversations about cultural similarities and differences, national working habits, and shared European perspectives.

First Project Day – 20 May 2025

The first official project day began with a trip by public transport to the “**LEBENSWELTEN Steiermark**” in Kainbach near Graz.

This allowed the group to partially meet one of the project’s environmental goals – to travel as sustainably as possible. The Italian team also travelled by night train.



Joint travelling to the first workshop location by public transport

Upon arrival, the participants were welcomed at 09:30 a.m. by **Brother Paulus Kohler OH, General Manager Mag. Frank Prassl, MBA, and Prim. Dr. Friedrich Rous.**

Within the **LEBENSWELTEN**, people with intellectual, psychological, or multiple disabilities are supported in achieving their personal goals at several locations. In total, there are 22 residential homes and apartments as well as 18 day workshops across the region.



Project Participants at LEBENSWELTEN

The group then attended a presentation on the ongoing EU project **MOVE ON**, delivered by **Mag. Pusterhofer**:



Mag. Pusterhofer presenting MOVE ON

Through a cycle of three transnational workshops, trainers, sports professionals, and healthcare staff developed a concept to encourage people with disabilities or mental illnesses to engage in regular physical activity.

Following this, **Markus Meschik, PhD**, a local expert on digital gaming and addiction, provided insights into his work and led a discussion on the topic. The “**Fachstelle enter**”, a specialist unit for online addiction and gaming, supports families, educators, and social work professionals in dealing with digital media in education. In addition, it conducts workshops in schools and youth groups, offering young people preventive interventions to reflect on their own gaming behaviour, question gender portrayals in digital media, and develop a sense of quality and awareness in media use.



Markus Meschik, PhD speaking about digital addiction and gaming

After lunch in the hospital cafeteria, the group took a forest walk to the inpatient clinic for drug therapy “**WALKABOUT**”, where the facility and its therapeutic approach were presented by the Head of Medicine **Dr. Friedrich Rous**.

“**WALKABOUT**” is a facility for withdrawal treatment and rehabilitation of people dependent on illegal drugs and/or medication. The withdrawal unit has 12 beds, primarily for people with opioid addiction. Detoxification from benzodiazepines, other medications, and illicit substances is also provided. A six-month long-term therapy programme with 20 places can follow directly after detoxification.

Psychologists offer individual and group therapy sessions, while occupational therapists conduct both individual and group work in wood and ceramics workshops. Social workers

provide counselling to help prevent or resolve financial crises and to support patients in establishing a stable social and financial environment after treatment. A multidisciplinary team of medical and nursing staff is available 24/7.

A key focus of the workshop days in Graz was the centre's sports program, which is implemented collaboratively by social educators, sports instructors, physiotherapists, and nursing staff in close cooperation with the therapeutic and medical teams. The participants were shown the gym for individual training, the climbing wall, the relaxation room for floor exercises and body awareness training, the centre's mountain bikes, and the spacious outdoor area with meadows, woods, and a multipurpose basketball court. These visits provided insight into the central role of sports in addiction therapy.

In addition to the guided tour, several professional presentations were given:

- **Florian Fröhlich** presented the organizational structure of the WALKABOUT Therapy Centre, its integration within the Austrian social and healthcare system, and the services provided by its multidisciplinary team.
- **Erich Prügger**, head of the sports program, gave a detailed overview of the different components of the center's movement and exercise program and explained the benefits of specific sports, exercises, and relaxation techniques.
- **Alexander Borovnjak** presented the climbing program, demonstrating how climbing combines strength, concentration, willpower, and discipline, thereby promoting personal resources and self-efficacy.
- **Dr. Friedrich Rous**, medical director, explained the clinical background of the center's work, highlighting the complexity of treating addiction and comorbidities. His talk also explored the interrelation between substance-related and behavioral addictions.

The presentations provided a comprehensive picture of the center's work and clearly demonstrated that evidence-based addiction treatment must address comorbidities and

behavioral dependencies such as digital addictions. The engaging presentations encouraged active participation, leading to a lively and interactive exchange.



Prim. Dr. Friedrich Rous at WALKABOUT

In the afternoon, the group visited the “**Caritas Kontaktladen**”, a low-threshold service offering street work, syringe exchange, and drug checking. The visit aimed to introduce an important partner of WALKABOUT and to contrast its high-threshold therapeutic approach with low-threshold community work. The subsequent discussion focused on current consumption trends (age of onset, access to substances, and social acceptance) and explored the possibilities of integrating physical activity and movement in low-threshold contexts. The thematic focus of the afternoon was addiction to illegal substances.



Project Participants at "Caritas Kontaktladen"

The day concluded with a joint dinner, providing space to reflect on the insights gained and to discuss similarities and differences in professional approaches and working environments. The informal atmosphere helped strengthen the sense of belonging and European collaboration.



Project Participants at the Social Dinner

Key Findings of the First Workshop Day:

The day aimed to address both substance-related and behavioral addictions and to explore their connections. The main takeaway for participants was that addictive behavior—whether substance use or behavioral addiction—is a symptom of underlying emotional distress. Recovery requires developing new ways of emotional regulation to live sustainably without harmful behaviors.

Sports and physical activity are essential therapeutic tools at WALKABOUT, enabling patients at all stages of recovery to participate and try new forms of movement. The ultimate goal is to establish regular physical activity as a foundation for long-term stability in everyday life. Meeting and learning from different organizations and working models proved particularly valuable for all participants.

Second Project Day – 21 May 2025

The second project day took place at the “**WALKABOUT Ambulanz Mariahilf**” which provides pre- and post-withdrawal/rehabilitation counselling and support. The staff presented the clinic’s services and treatment approach.

Following this, **Mag. Stefan Behaghel** gave a guest lecture on the **Pro Move** project of the organisation *pro mente*.

Pro Move supports people with mental health challenges through a varied and free exercise program in Graz and the surrounding area. Under the professional guidance of trainers, participants enhance their physical fitness, discover their strength, improve coordination, and experience the positive impact of caring for their body. The initiative is unique in Austria, focusing on health-promoting movement to increase overall well-being. Each year, more than 7,000 participations are recorded.

After the presentation, project members worked in groups to compile documents summarizing the outcomes and new insights regarding the role of sports in drug

counselling and therapy. This session was perceived as particularly intensive, as it involved active and professional exchange on the integration of physical activity into addiction treatment.

To conclude the workshop, the participants gathered for a **final lunch** at a local restaurant before returning home.



Project Participant at Farewell Dinner

GRAZ RESTART Project Meeting - Questionnaire Report

Original Questionnaire

To what extent has the RESTART Meeting increased your knowledge about the use of rehabilitative sport in addiction treatment?

- - Not at all
- - Slightly
- - Moderately
- - Significantly
- - Extremely

How useful were the experiences and best practices shared during the meeting for your professional work?

- - Not useful
- - Slightly useful
- - Moderately useful
- - Very useful
- - Extremely useful

How satisfied are you with the organization and content of the activities (presentations, group dynamics, documentary, etc.)?

- - Very dissatisfied
- - Dissatisfied
- - Neutral
- - Satisfied
- - Very satisfied

How would you rate the opportunities to build international collaboration networks during the Meeting?

- - Very negative
- - Negative
- - Neutral
- - Positive
- - Very positive

How would you evaluate the emotional and motivational impact of the presentation on digital addiction on your perception of addiction recovery?

- - Very negative
- - Negative
- - Neutral
- - Positive
- - Very positive

Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?

- - Not at all
- - Slightly
- - Moderately
- - Significantly
- - Extremely

Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?

- - Yes
- - No
- - Not sure

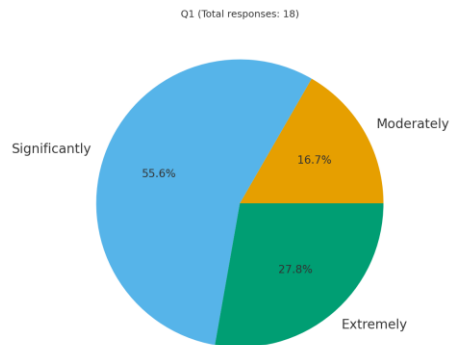
What suggestions or improvements would you propose for future editions of the RESTART Project? (Open text answer)

Briefly describe any knowledge, strategy, or idea you are taking away from the Meeting that you plan to apply in your professional context: (Open text answer)

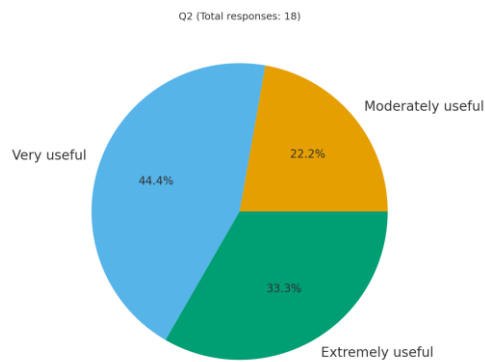
Which aspects of the Meeting would you highlight as particularly inspiring or transformative? (Open text answer)

Closed Questions - Pie Charts

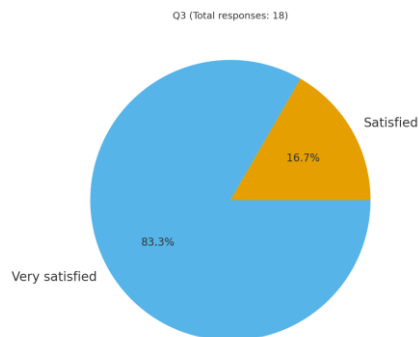
Q1: To what extent has the RESTART Meeting increased your knowledge about the use of rehabilitative sport in addiction treatment?



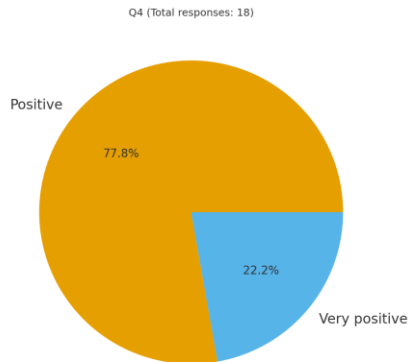
Q2: How useful were the experiences and best practices shared during the meeting for your professional work?



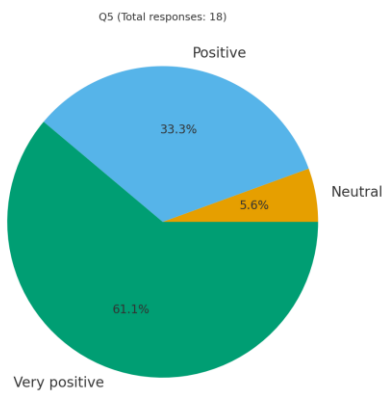
Q3: How satisfied are you with the organization and content of the activities (presentations, group dynamics, documentary, etc.)?



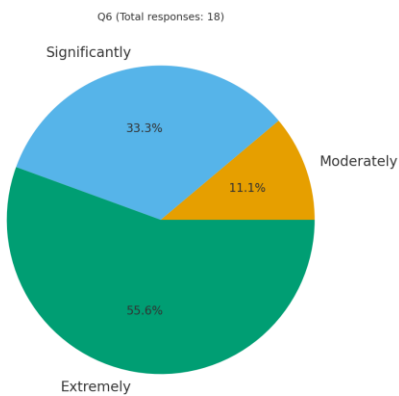
Q4: How would you rate the opportunities to build international collaboration networks during the Meeting?



Q5: How would you evaluate the emotional and motivational impact of the presentation on digital addiction on your perception of addiction recovery?

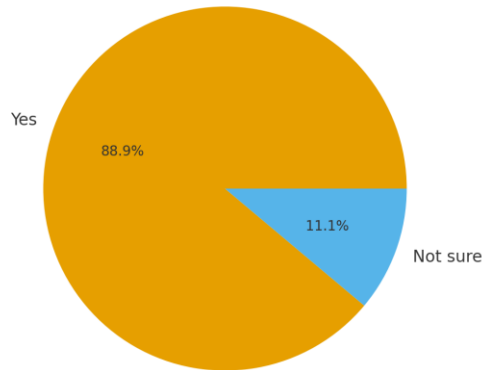


Q6: Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?



Q7: Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?

Q7 (Total responses: 18)



Open Questions - Response Domains

What suggestions or improvements would you propose for future editions of the RESTART Project?

Domain

Example responses

More time for sport, workshops, and visits

more time spent doing sport together; more time to visit centers and learn about the programs described; more time in places where activities are done; more time for workshop; more visits to other centers

More teamwork and group dynamics

more group dynamics and time for presentations; more team work

Improvement in organization of presentations

more organization on the oral presentations

Involvement of more hospital staff and institutions

more hospitals in order to know different health systems; involvement of more people from the hospital

Briefly describe any knowledge, strategy, or idea you are taking away from the Meeting that you plan to apply in your professional context:

Introduce dedicated sport equipment and spaces	sport equipment available to patients with a dedicated operator; more room for sport activity
Use sport immediately as emotional support	do sport immediately when patients have emotional need instead of pharma or verbal therapy
Expand mountain therapy and daily sport activities	improve mountain therapy; ways to include sports in our center; include daily sport activities partnership with sport centers
Collaboration with sport centers and NGOs	collaboration with NGOs
Support for digital addiction and young people	the types of help described to improve assistance to young people with digital addiction
New knowledge and strategies in rehabilitation	increase my knowledge on the subject; new knowledge on the field since this is not my topic in my job; assistance done previous the admission to inpatient treatment as they do in the ambulanz

Which aspects of the Meeting would you highlight as particularly inspiring or transformative?

Domain	Example responses
Sharing clinical experience and good practices	sharing clinical experience; very good talks, very good hospitality
Hospitality and commitment of staff	hospitality, commitment; motivation and involvement of the staff
Experiential and outdoor activities	experiential moments; open air sport; the work done with patients in carpentry and alternative mountain sport
Work with adolescents and prevention	working with adolescents with digital addictions; a highly committed effort focused on prevention
Feeling of being part of something bigger	the feeling of being part of something bigger that could impact the future of addiction treatment
Intercultural exchanges and knowledge sharing	the intercultural talk and exchange of knowledge and difficulties we all face; to get to know the different levels of organizations and their therapeutic view - outpatient, inpatient and street work; visit walkabout therapeutic center

Main Conclusions

Most participants reported that the Graz meeting significantly or extremely increased their knowledge about the use of sport in addiction rehabilitation. Shared practices and experiences were perceived as highly useful for their professional contexts. Overall satisfaction with the organization and activities was very high, with particular appreciation for the hospitality and motivation of the staff. The opportunities for international networking and intercultural exchange were considered very positive.

Suggestions for Improvement (Open Questions)

- Dedicate more time to workshops, sports activities, and institutional visits.
- Increase the focus on teamwork and group dynamics.
- Improve the organization of presentations.
- Involve a wider range of hospitals and health professionals.

Ideas and Lessons to Apply

- Introduce dedicated sport spaces and equipment for patients.
- Use sport as an immediate emotional support tool alongside therapy.
- Expand mountain therapy and daily sport activities.
- Strengthen collaboration with sport centers and NGOs.
- Apply strategies for digital addiction and work with adolescents.

Most Inspiring Aspects

- Sharing clinical experiences and good practices.
- Hospitality and commitment of the staff.
- Experiential and outdoor activities such as carpentry and mountain sports.
- The sense of being part of a larger European initiative.
- Intercultural exchanges and understanding of diverse therapeutic approaches.

General Conclusion

The Graz meeting was highly successful, combining educational content with practical experiences. It reinforced the value of sport in rehabilitation and inspired participants with new strategies and motivation. The event strengthened international networks and created a strong sense of belonging to a shared European project. Suggestions for improvement focused mainly on dedicating more time to activities and ensuring greater diversity of institutions involved.

Third meeting, Funchal

The third and final meeting was structured in two days, the first one held on Instituto São João de Deus - Funchal (Madeira) and the second one was spent outdoors, walking along a levada.



On 24th September 2025, the day began with a reception of the different partners of the RESTART Steering Committee members to Funchal, Madeira.

Firstly, we had an institutional welcome by Nurse Eduardo Lemos, managing director of Instituto São João de Deus - Funchal, Nurse Manuel Freitas, Director of Nursing at the Institute, and Dr Luís Filipe Fernandes, Clinical Director of Instituto São João de Deus - Funchal.



Subsequently,

- At 10 a.m., a presentation entitled “Institutional projects” was given by Nurse Manuel Freitas, Nursing Director of the Institution. The presentation revealed the different projects carried out in the various units of the institution, and how quality has led to innovation and the implementation of improvement projects over the years;
- At 10:15 a.m., Dr. Luís Filipe Fernandes, clinical coordinator of the Alcoholics Recovery Center, gave a presentation on the São Ricardo Pampuri - Alcoholics Recovery Center, highlighting the characteristics of the users and the intervention of the multidisciplinary team.

Both presentations provided an overview of how the institution works, namely its different areas of intervention, capacity, and response to the community.

Firstly, the implementation of the Quality System and the challenges and benefits it has brought were specifically addressed. This process has been ongoing since 2010 and has since brought about a methodology focused on continuous improvement. In line with this thinking, improvement and innovation projects began to be implemented in the different areas of intervention, opening the door to new challenges, such as community intervention, bringing the institution closer to regional resources, with the start of physical exercise projects with professionals in the field of sport/physical activity, integration into street teams for intervention with the homeless population, partnerships with universities, implementing new research and intervention methodologies in the area of addiction, among other projects, which has enabled the methodological, structural, and human development of this institution. Given this development, Nurse Manuel presented the results obtained from this ongoing journey with the health gains of users, families, and the community and their satisfaction, as well as that of the institution's partners and collaborators.

Next, Dr. Luís Filipe began his presentation on the São Ricardo Pampuri - Alcoholics Recovery Center, briefly explaining not only its history, mission, and physical and human structure, but also the characteristics of the target group in terms of demographics, comorbidities, and the impact of the disease on individuals, families, and the community. He spoke specifically about the intervention plan for this unit, from the research

methodology for its implementation to the different individual/group interventions carried out and the different projects implemented. Among the projects discussed, there was an opportunity to learn about the CDT (carbohydrate-deficient transferrin biomarker) project, which, once established, demonstrated the difference between self-determined and actual abstinence. Another project mentioned was an intervention project for the homeless population, which involves a differentiated and intersectoral intervention with partners in the community, so that they can benefit from a holistic, tailor-made hospitalization.

- **At 11:00 a.m., a presentation entitled ‘Regional Overview’ was given by Sérgio Cunha, Representative of UCAD – Operational Unit for Intervention in Addictive Behaviours and Dependencies.**

- **At 11:30 a.m., a presentation entitled “Prevention Project on Addictive Behaviours, Funchal City Council” was given by Dr. Paulo Milheiro, Representative of the Department of Social Affairs and Health of Funchal.**

In contrast, the different project stakeholders were able to see the work being done in the community. In this process, it was possible to acquire empathy and inter-institutional communication skills, and to understand how private and social institutions can work in partnership with government entities, providing more tools for clients, families and the community itself.

In the first presentation, it was possible to observe how the regional health system acts directly in the prevention of addictive behaviours, with different intervention programmes being observed, namely “Vibes4u NO Drugs”, an intervention in environments at risk of first-time use and potentially abusive use, where the stakeholders are peers trained by the unit; And the “Juntos na Escola sem Droga” campaign, where the intervention is carried out with young people in the school environment and training is also provided to teaching and non-teaching staff, among many others. This presentation also showed how partnerships with this type of entity can lead to much earlier specialised inpatient intervention, as it equips different professionals, peer groups and families to identify and intervene with people with early addiction problems.

The second presentation demonstrated how local authorities can be essential partners in continuing sports treatment, monitoring vulnerable situations, and referring clients who need support. Using the physical structures and trained teams that these entities often already have, such as city gyms, clients undergoing a treatment programme involving sport and physical exercise can be monitored in these structures, creating new connections in society, promoting the social reintegration of individuals, increasing protective factors and strengthening clients coping mechanisms.

In addition, the work carried out by street teams with the homeless population was also discussed, highlighting the inter-institutional work that exists to provide a healthy and more organised environment, where there is signage and the first approach is made by the city and, in the presence of motivation, the treatment and follow-up of the client is

coordinated with the addiction treatment unit, with a commitment to post-discharge psychosocial support, housing and employment.

- **At 11:50 a.m., Professor Cristóvão Rodrigues gave a presentation on 'Physical Activity in Addiction Treatment.'**

This presentation served as empirical evidence of the use of a sports and physical exercise programme in the treatment of addiction, which is carried out at Instituto São João de Deus in Funchal. It also demonstrated the key role of stakeholders in treatment programmes, such as the Secretary of Education and the teachers assigned to our institution by it.

The different types of exercises developed during hospitalisation and the scientific evidence behind each of these exercises were also discussed, as well as the importance of using a multidisciplinary team in this type of intervention, how sport is not only a complementary method to other therapies, but is itself a therapeutic method that must be valued and given the same importance as the others; how different activities could be adapted to the different characteristics of our clients, such as age, comorbidity, physical ability and even motivation, revealing the specific gains from performing these exercises, whether physiological, emotional, psychological, social and even spiritual, as well as the feedback provided by clients..

After the presentation of this work, there was a moment of reflection and discussion between the different participants and the professional, where topics such as motivation, discipline, the differences and possible adaptations in the different countries represented

by the team, but also in the different countries that make up the European Union, and how the diversification of sports can respond not only to the needs of each user, but also to their preferences, and how it was possible to best monitor this ally of sport in the post-discharge period.

- **At 12:10 p.m., a presentation was given on an innovative project in the field of neurocognitive stimulation intervention, using virtual reality and pencil-and-paper activities, for people with alcohol use disorder, entitled 'Reh@city' by Dr. Rita Costa.**

The introduction of a topic that 'born' from joint scientific research between a university and an addiction treatment institution was an exceptional way to conclude the guest presentations on this day. From this, it was possible, first of all, to understand how theory and scientific research are fundamental tools in practice and can be applied with visible results. This presentation demonstrated the infinite possibilities of using new technologies for a more innovative, holistic and client-tailored therapeutic approach, particularly in neurocognitive training.

The results discussed included the different strategies that can be used in a treatment programme, the development of new research, and the study of new stakeholders for the creation of new methodologies that can also keep pace with technological developments, achieving a symbiosis between therapy, research and technology.

- **At 3 p.m., RESTART members visited the facilities and were given a guided tour of the centre (Instituto São João de Deus – Funchal).**

The meeting included a visit to the premises of the organising partner, which provided a practical context for the work carried out in the field of addiction treatment and how sports rehabilitation programmes can be integrated into existing infrastructure a fundamental tool in the process of client recovery and reintegration. The visit included a tour of several units at the institute, namely the acute psychiatric unit, the psychosocial rehabilitation unit and the alcoholism centre, with various professionals in the field explaining how they operate, their capacity, logistics, objectives, multidisciplinary team intervention and projects implemented in each one, specifying the good practices implemented, particularly in the promotion of physical activity and sport.

In addition to observing the physical structure of the facilities during the visit, there were moments of reflection and discussion about the stakeholders involved in implementing this type of project, allowing for coordination with the community and involving clients in it, promoting well-being, social inclusion, and reducing stigma. It was also discussed some strategies to be adopted in one of the most precepted difficulties that's promoting or maintaining client motivation about doing physical activity and sport.





- At 3:30 p.m. and 3:50 p.m., the groups from Gijon and Italy were given the opportunity to give a presentation on their work institutions and the interventions carried out in them. Both groups were given the opportunity to give a presentation about their workplace and share the work carried out there.

The presentations were an added value to this meeting, as they dynamically introduced us to the physical structure of the facilities, human and material resources, and allowed us to expand our knowledge about the areas of intervention of each institute and the stakeholders involved in projects that promote physical activity and sport.



- **At 16h15, the project members collaborated in groups to continue work on documents reflecting the insights gained regarding the role of sports in substance counselling.**

This meeting, which was the last one held in person with this international group, reinforced the work that the team has been doing within the international environment.



The results of the various ongoing projects were discussed, as well as possible changes to mutual assistance methodologies. This opportunity was also used to draft chapters where the physical presence of the group members was a decisive factor. In addition, after observing the different structures and programmes of the various partner institutions, it was possible to discuss which best practices for evaluation, implementation and results can and should be included in the documentation. The importance of incorporating risk/vulnerable groups such as migrants and refugees, among others, into this study was also addressed, as well as how the integration of these groups into the good practice guide and implementation guide can be facilitated and adapted.

On 25th September 2025, the day was spent outdoors, walking along a levada.



The day began at 9:30 a.m. with the Levada Do Rei – Santana.

The starting point for the Levada do Rei is located at the Water Treatment Plant in Quebradas, São Jorge. Initially, the group was treated to the lush green landscape that embellishes the Levada do Rei thanks to the abundance of water that is recorded there. However, the most special moment of the walk was reserved for the arrival at Ribeiro Bonito, an isolated natural sanctuary covered by the dense vegetation characteristic of the Laurissilva forest.

The levadas are narrow channels that were built to irrigate water from the mountains to the agricultural fields in the lower parts of the island. Currently, these levadas are used as

hiking trails that offer locals and visitors a unique and adventurous way to explore Madeira Island.

The purpose of this activity was to demonstrate in a practical way one of the ways in which we engage in physical activity and sport at our institution together with customers, employees and stakeholders. This can be implemented in any environment in which the individual is involved, namely Nature.



After the activity, it was discussed that it ended up promoting not only physical activity and contemplation of the beautiful landscapes that the island offers, but also intragroup and interpersonal connection and reflection/sharing of ideas with the group about the importance and possibility of using the environment in which we live as an ally for sports and physical activity.

MADEIRA RESTART Project Meeting - Questionnaire Report

Original Questionnaire

To what extent has the RESTART Meeting increased your knowledge about the use of rehabilitative sport in addiction treatment?

- - Not at all
- - Slightly
- - Moderately
- - Significantly
- - Extremely

How useful were the experiences and best practices shared during the meeting for your professional work?

- - Not useful
- - Slightly useful
- - Moderately useful
- - Very useful
- - Extremely useful

How satisfied are you with the organization and content of the activities (presentations, group dynamics, documentary, etc.)?

- - Very dissatisfied
- - Dissatisfied
- - Neutral
- - Satisfied
- - Very satisfied

How would you rate the opportunities to build international collaboration networks during the Meeting?

- - Very negative
- - Negative
- - Neutral
- - Positive
- - Very positive

Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?

- - Not at all
- - Slightly
- - Moderately
- - Significantly
- - Extremely

Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?

- - Yes
- - No
- - Not sure

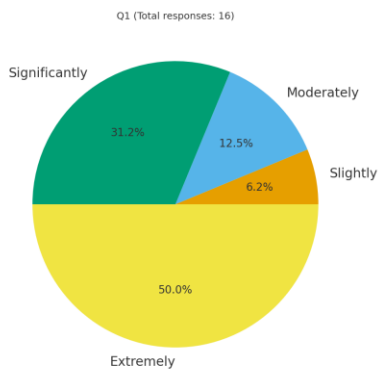
What suggestions or improvements would you propose for future editions of the RESTART Project? (open text answer)

Briefly describe any knowledge, strategy, or idea you are taking away from the Meeting that you plan to apply in your professional context: (open text answer)

Which aspects of the Meeting would you highlight as particularly inspiring or transformative? (open text answer)

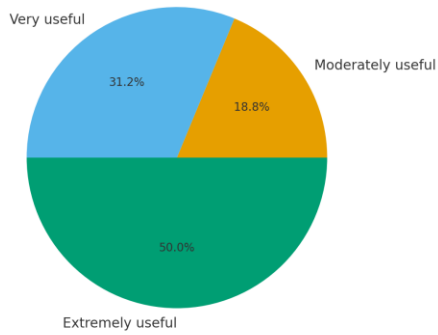
Closed Questions - Pie Charts

Q1: To what extent has the RESTART Meeting increased your knowledge about the use of rehabilitative sport in addiction treatment?



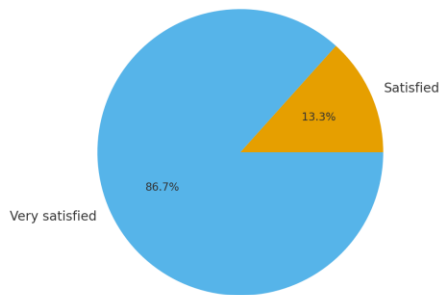
Q2: How useful were the experiences and best practices shared during the meeting for your professional work?

Q2 (Total responses: 16)



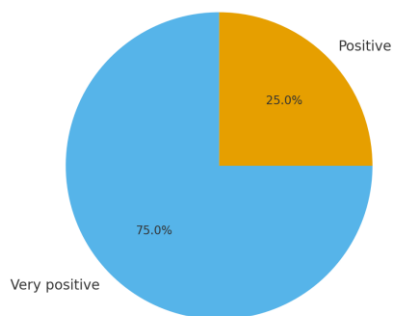
Q3: How satisfied are you with the organization and content of the activities (presentations, group dynamics, documentary, etc.)?

Q3 (Total responses: 15)



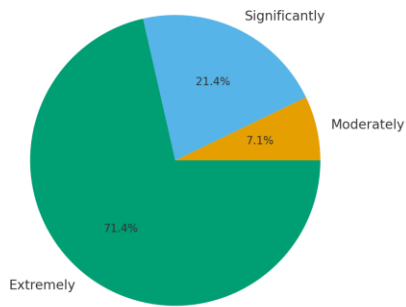
Q4: How would you rate the opportunities to build international collaboration networks during the Meeting?

Q4 (Total responses: 16)



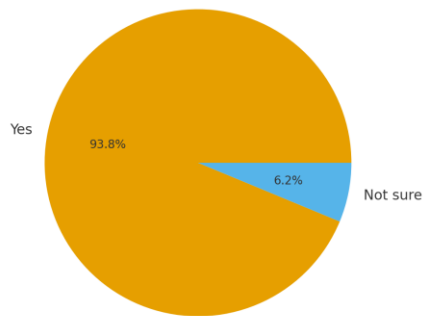
Q5: Has the Meeting reinforced your personal and professional commitment to integrating sport into rehabilitation programs for people with addictions?

Q5 (Total responses: 14)



Q6: Would you recommend participation in future editions of the RESTART Meeting to other professionals in your field?

Q6 (Total responses: 16)



Open Questions - Response Domains

What suggestions or improvements would you propose for future editions of the RESTART Project?

Domain	Example responses
More time for hospital visits and institutional exchanges	MORE TIME VISITING THE HOSPITALS; visiting more hospitals; see different places and structures that deal with drug addicted people; more time to see the work in each service
Learn more about health systems and clinical programs	i would like to know even more about the health system and peculiarity of functioning of clinical program of the hospital
Improve daily inpatient activities and schedules	improve the number of activities in daily schedule of inpatients; do group dynamics; more group work; more time for presentations
Ensure institutions are more similar for comparison	institutions that participate should be more similar to each other

Briefly describe any knowledge, strategy, or idea you are taking away from the Meeting that you plan to apply in your professional context:

Domain	Example responses
Implement sport and activity facilities	implement facilities to practice sport for the employees; outdoor sport in nature; exercise in the morning in alcohol unit; more physical activity in daily life of patients; include sport activity in our centers
Use of digital programs and follow-up consultations	the use of digital programs to neuro psycho rehabilitation for alcoholic patients; implement follow up consultations

Collaboration with local authorities I will make a protocol with city council gymnasium

Innovative therapies music therapy room, rooms for special care

Which aspects of the Meeting would you highlight as particularly inspiring or transformative?

Domain	Example responses
Experiential and outdoor activities	DOING SPORT TOGETHER; experiential moments; mountain walking
Understanding Madeira's health system	getting to know health system in Madeira
Hospitality and commitment of staff	local hospitality; efforts made by everyone in presenting their experience; commitment of the staff members
Prevention and innovative therapies	the stress on the necessity to homogenize strategies between centers of different countries; the preventive work on adolescents with alcohol misuse; motivation of the physical education teacher; neuro psychological rehabilitation digital program

Main Conclusions

The Madeira meeting significantly or extremely increased participants' knowledge of the use of sport in rehabilitation. Experiences and practices presented were perceived as very or extremely useful. Satisfaction with the organization and activities was very high, with hospitality and the local context highlighted as key strengths. The meeting was valued as a space for international collaboration and knowledge exchange about different health systems.

Suggestions for Improvement (Open Questions)

- Allocate more time to hospital visits and institutional exchanges.
- Include more diverse and representative institutions.
- Increase group dynamics, teamwork activities, and workshops.
- Improve the daily schedules of inpatient activities.

Ideas and Lessons to Apply

- Implement sport facilities and regular activities for patients and staff.
- Incorporate outdoor and morning sport sessions into treatment routines.
- Use digital programs for neuropsychological rehabilitation.
- Strengthen collaborations with gyms and local authorities.
- Introduce innovative therapies such as music therapy.

Most Inspiring Aspects

- Doing sport together and experiential outdoor activities (e.g., mountain walking).
- Learning about Madeira's health system.
- The strong hospitality and commitment of staff.
- Emphasis on prevention, especially with adolescents.
- Innovative use of digital tools and therapies.

General Conclusion

The Madeira meeting achieved very high satisfaction, combining inspiration with practical lessons. Participants valued the experiential activities, the professionalism of staff, and the opportunity to learn from Madeira's health system. The meeting reinforced commitment to integrating sport in rehabilitation and provided innovative ideas for treatment. Suggestions focused mainly on allocating more time for visits and activities, and improving comparability among institutions

Conclusions of the workshops

Project RESTART positions rehabilitative sport as a central element of addiction recovery in Europe. Its collaborative framework and emphasis on both traditional and digital addictions reflect a forward-looking approach to contemporary public health challenges. The project has the potential to serve as a reference model for integrating physical activity into therapeutic services, provided that it addresses challenges related to evaluation and sustainability. Future efforts should focus on developing robust outcome measures, ensuring institutional support, and advocating for policy integration at national and European levels.

The RESTART Project demonstrates several strengths. First, its transnational structure fosters the exchange of best practices across cultural and healthcare contexts. Second, its inclusion of both traditional and digital addictions reflects an adaptive response to emerging public health issues. Third, the integration of sport as therapy aligns with evidence-based recommendations for holistic and patient-centered care.

Following this experience, it is necessary to highlight that the analysis of the RESTART Project shows that the systematic integration of rehabilitative sport into addiction recovery programs constitutes not merely a complementary intervention, but a potentially transformative therapeutic strategy. Physical activity, when applied in a structured and evidence-informed manner, can address the multidimensional challenges faced by individuals with both substance-related and behavioral addictions. By promoting motivation, self-esteem, and the capacity to establish limits, rehabilitative sport

contributes to strengthening psychological resilience and enhancing overall well-being during recovery.

Moreover, the transnational dimension of the project adds considerable value to its outcomes. The exchange of practices across Spain, Portugal, Italy, and Austria has allowed participating institutions to confront cultural, systemic, and methodological differences in therapeutic services, while identifying convergent strategies applicable across contexts. This comparative approach enriches the knowledge base of participating organizations and lays the foundation for designing scalable models adaptable to other European healthcare systems.

The first meeting of the project, held in Sant Boi de Llobregat (Spain) in March 2025, exemplified its capacity to mobilize academic, clinical, and institutional stakeholders around a common framework. The structured agenda—ranging from keynote lectures to practical workshops—facilitated dialogue between theory and practice, reinforcing the scientific legitimacy of rehabilitative sport while generating operational guidelines for implementation in therapeutic settings. The involvement of multiple partners and the inclusion of round-table debates underscored the project's commitment to participatory and interdisciplinary approaches.

The meeting has fostered meaningful collaboration between therapeutic centers and sports organizations, thereby creating opportunities for joint initiatives within public policy frameworks. This collaboration not only promotes the exchange of innovative practices in sport-based rehabilitation but also facilitates the integration of health and

social care perspectives into policy design. By linking therapeutic services with sports infrastructures and involving public institutions, the meeting highlighted the potential to reduce barriers such as limited accessibility, financial constraints, and lack of structured daily routines. Moreover, it underscored the importance of embedding rehabilitative sport into broader health promotion agendas, ensuring that programs are both sustainable and aligned with national and European policy priorities. The meeting facilitated the identification of innovative practices for the effective implementation of sport rehabilitation programs, while also emphasizing strategies to ensure consistent accessibility and long-term adherence.

A major limitation identified during the implementation of rehabilitative sport programs concerns the numerous barriers that hinder participation.

These can be summarized as follows:

- **Lack of physical fitness:** many patients entering treatment present cardiovascular deficits, reduced muscle strength, and fatigue, discouraging engagement unless intensity is carefully adapted and training is progressive.
- **Bullying and social stigma:** previous experiences of ridicule or marginalization in sport undermine willingness to participate, making inclusivity, psychological safety, and non-competitive formats essential.
- **Past negative experiences with sport:** compulsory physical education at school or failed weight management attempts can reinforce avoidance behaviours, requiring programs to rebuild positive associations with physical activity.

- **Financial constraints:** precarious economic conditions often limit access to gyms, equipment, or transportation, highlighting the need for subsidized or publicly embedded programs.
- **Motivation deficits:** impairments in the reward system make it harder to initiate or sustain effortful activities, necessitating strategies such as goal setting, feedback, and reinforcement.
- **Limited accessibility to facilities:** not all institutions have adequate spaces or adapted equipment, which requires inter-institutional cooperation and investment in inclusive environments.
- **Lack of daily structure:** chaotic lifestyles, irregular schedules, and difficulties maintaining routines reduce adherence, underlining the importance of clear timetables and structured programming.
- **Social isolation:** disrupted networks and withdrawal from community life diminish opportunities for group participation, making cohesion, peer support, and reintegration strategies necessary.
- **Lack of knowledge in physical education:** limited exposure to exercise principles generates insecurity and avoidance, which calls for an educational component that gradually builds skills and autonomy.

Taken together, these factors illustrate that rehabilitative sport cannot be conceived as a universal solution but rather as an intervention requiring careful adaptation to individual needs and social contexts.

For each of the identified difficulties, specific strategies have been designed to overcome them, demonstrating the project's commitment to operational feasibility and long-term sustainability.

First, **collaboration between therapeutic centers and sports organizations within public policy frameworks** has been actively promoted. This strategy enables the alignment of therapeutic objectives with existing sports infrastructures, ensuring that barriers such as limited accessibility, financial constraints, and lack of structured routines can be reduced. By embedding rehabilitative sport into broader health promotion policies, the project creates opportunities for sustainable implementation and guarantees that participants are not excluded due to structural limitations.

Second, **the skills of sports trainers involved in rehabilitative sport programs have been strengthened through multi-actor network activities**. These activities, which include workshops, peer-learning sessions, and cross-country exchanges, have provided trainers with a more comprehensive understanding of addiction-related challenges. As a result, trainers are better prepared to adapt physical activity programs to the specific needs of participants, taking into account issues such as low physical fitness, motivational deficits, and the psychological impact of stigma or past negative experiences with sport.

These strategies illustrate how RESTART does not simply identify barriers but also actively develops mechanisms to counteract them. The integration of therapeutic services with sports infrastructures ensures structural viability, while the upskilling of trainers enhances the quality and inclusivity of program delivery. Together, these measures strengthen the

potential of rehabilitative sport to become an integral component of addiction recovery across Europe (Table 1).

In addition, heterogeneity in the definition of “rehabilitative sport” across partner countries highlights the necessity of standardized conceptual frameworks. Producing rigorous and longitudinal outcome measures also remains a challenge, as current evaluations are often anecdotal or confined to short-term observations. For RESTART to decisively influence European addiction policy, it must consolidate robust metrics capable of demonstrating cost-effectiveness, therapeutic efficacy, and social impact. Furthermore, sustainability beyond the funding period is uncertain, since successful implementation relies heavily on institutional commitment and sufficient financial resources.

In conclusion, Project RESTART stands as a pioneering initiative that not only integrates physical activity into therapeutic processes but also redefines the role of sport as a health determinant in addiction recovery. By situating rehabilitative sport within the wider European Union strategy *HealthyLifeStyle4All*, the project provides an innovative and policy-aligned model with potential for replication beyond the addiction field, including mental health and social reintegration contexts. Future efforts should therefore prioritize methodological consistency, sustainable funding mechanisms, and the dissemination of best practices at both the scientific and institutional levels. Opportunities also exist for the project to influence policy by contributing to European Union guidelines on addiction treatment, while simultaneously addressing the concrete barriers that limit participation

and ensuring that rehabilitative sport is accessible, inclusive, and effective for all individuals in recovery.

References

- Andersen, M. H., Ottesen, L., & Thing, L. F. (2019). The social and psychological health outcomes of team sport participation in adults: An integrative review of research. *Scandinavian Journal of Public Health*, 47(8), 832–850. <https://doi.org/10.1177/1403494818787181>
- Battista, R. A., Pivarnik, J. M., Doma, K., & Fallon, K. E. (2020). Exercise interventions in substance use disorders: Physiological, behavioural, and clinical outcomes. *Sports Medicine*, 50(3), 469–488. <https://doi.org/10.1007/s40279-019-01213-0>
- Best, D., Beswick, T., Hodgkins, S., & Idle, M. (2016). Recovery and communities: The role of structure, routine, and purpose in addiction recovery. *Alcoholism Treatment Quarterly*, 34(3), 340–357. <https://doi.org/10.1080/07347324.2016.1182813>
- Biddle, S. J. H., Ciaccioni, S., Thomas, G., & Vergeer, I. (2019). Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality. *Psychology of Sport and Exercise*, 42, 146–155. <https://doi.org/10.1016/j.psychsport.2018.08.011>
- Collins, M. F., & Kay, T. (2014). *Sport and social exclusion*. Routledge.
- Deci, E. L., & Ryan, R. M. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. <https://doi.org/10.1037/0003-066X.55.1.68>
- Dishman, R. K., Heath, G. W., & Lee, I.-M. (2013). *Physical activity epidemiology* (2nd ed.). Human Kinetics.
- Evans, J., & Davies, B. (2017). Physical education, policy, and practice. In K. Green & K. Hardman (Eds.), *Physical education: Essential issues* (pp. 39–55). SAGE.

- Fundació Hospitalàries Sant Boi (2025, March 26). *Díptic Jornada RESTART: Sport, Rehabilitation and Addiction Recovery* [PDF]. Fundació Hospitalàries Sant Boi. https://www.fundaciohospitalariessantboi.org/wp-content/uploads/2025/03/DIPTIC-JORNADA-RESTART_ANGLE%CC%80S.pdf
- Kirk, D. (2010). *Physical education futures*. Routledge.
- Linke, S. E., & Ussher, M. (2015). Exercise-based treatments for substance use disorders: Evidence, theory, and practicality. *The American Journal of Drug and Alcohol Abuse*, 41(1), 7–15. <https://doi.org/10.3109/00952990.2014.976708>
- Liu, M., Wu, L., & Yao, S. (2020). Dose–response association of screen time-based sedentary behaviour in children and adolescents and depression: A meta-analysis of observational studies. *British Journal of Sports Medicine*, 50(20), 1252–1258. <https://doi.org/10.1136/bjsports-2015-095084>
- Sherrill, C. (2004). *Adapted physical activity, recreation, and sport: Crossdisciplinary and lifespan*. McGraw-Hill.
- Volkow, N. D., Wang, G. J., Tomasi, D., & Baler, R. D. (2019). The addictive dimensionality of obesity. *Biological Psychiatry*, 87(10), 848–856. <https://doi.org/10.1016/j.biopsych.2019.01.027>
- World Health Organization. (2022). *Physical activity*. <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

Table 1. Barriers, Strategies and Expected Impact in RESTART

Identified Difficulty	Strategy Developed within RESTART	Expected Impact
Lack of physical fitness	Adapted and progressive training programs, led by trainers skilled in rehabilitation sport	Increased adherence and reduced dropout by adjusting exercise intensity to participants' health status
Bullying, stigma and past negative experiences	Safe, inclusive, and non-competitive sport environments	Reconstruction of positive associations with sport, improved self-esteem, and enhanced willingness to participate
Financial constraints	Collaboration between therapeutic centers and sports organizations embedded in public policy frameworks	Reduction of economic barriers through subsidized access, public funding, and shared infrastructures
Motivation deficits	Implementation of motivational strategies (goal-setting, feedback, reinforcement) integrated into sport sessions	Improved initiation and maintenance of exercise routines despite reward system impairments
Limited accessibility to facilities	Inter-institutional cooperation to use community sports infrastructures; investment in adaptive equipment	Broader access to suitable facilities, inclusion of participants with physical limitations
Lack of daily structure	Embedding rehabilitative sport into therapeutic schedules with clear timetables	Improved routine building, higher program adherence, and psychosocial stabilization
Social isolation	Group-based and cooperative sport activities designed to rebuild social networks	Reintegration into community life, peer support, and reduced withdrawal behaviours
Lack of knowledge in physical education	Educational modules within sport programs to teach exercise	Increased autonomy, reduced dependency on institutions, and sustainable engagement in sport

Identified Difficulty	Strategy Developed within RESTART	Expected Impact
	principles and self-management skills	
Cross-cutting challenge across all difficulties	Multi-actor network activities to improve the skills of sports trainers	Higher quality program delivery, better adaptation to individual and cultural needs, strengthened scientific legitimacy
