

The Prague Comprehensive Model of Academic Addictology (Addiction Science) Education



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SUMMARY: The undergraduate bachelor's study programme in addictology in the Czech Republic has existed since 2005. It was the logical consequence of the former development of education and training programmes within the 1990s initiated by some NGOs in the Czech Republic and had links to a long-term process that started at the beginning of the 1960s (with its historical roots in the period between World Wars I and II). The academic addictology programme consists of full undergraduate education at the bachelor's and master's degree levels and, more recently, a doctoral (Ph.D.) degree. This paper presents a comprehensive model describing the process by which this fully independent health profession of addictology was created with the aid of specific Czech legislation. To describe and introduce the original Prague model we used the context of learning outcomes and existing policy documents approved by professional societies in the Czech Republic. The developmental process involved a movement from an interdisciplinary approach to a transdisciplinary perspective. The aim of addictology is not to replace other professions but to work with them in unison and to promote the integration of research findings and clinical approaches and to be integrated into the wider concept of drug policy on the national and international levels.

KEY WORDS: ACADEMIC STUDY PROGRAMME – ADDICTION PROFESSIONAL – ADDICTOLOGY – ADDICTION SCIENCE – EDUCATION – TRAINING – LEARNING OUTCOMES

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● 1 ADDICTION PROFESSIONALS GRADUATING FROM SPECIALISED ACADEMIC PROGRAMMES: AN EMERGING WORLDWIDE PHENOMENON

Addictology, or Addiction Science, is a professional and scientific field of significant importance for the healthcare and social services both in the European Union and worldwide, given the range and prevalence of the disorders it targets. To gain a better understanding of the circumstances and processes by which addictology was established as an independent discipline, separate from the narrow point of view of psychiatry, it is necessary to take into account the preceding development of the concept of a holistic approach to medicine. In this field of medicine, more interdisciplinary approaches to various types of disorders have gradually been taking shape in recent decades. Through a holistic approach, medicine truly reflects the broader social process of searching for a comprehensive view on understanding and solving health-related problems. With respect to psychiatry, the development of psychosomatic medicine has also contributed to building up the field of addictology in the last 60 years. In terms of professional specialisation in the field of addictions, there has been a historical gap in the field of addiction services, which has prevailed until the present. For instance, a 1980s study on staff composition in substance use treatment units showed three groups of staff members: professional counsellors with no addiction background, ex-addict paraprofessional counsellors without a degree, and non-ex-addict paraprofessional counsellors without a degree (Aiken et al., 1985, Miovský et al., 2015). The lack of specialised personnel was identified as the main obstacle to the successful development of methadone treatment programmes in the U.S. in the 1990s (Abbott et al., 1995). At the same time, the recent developments in healthcare in terms of involving interdisciplinary practice have brought several professions into cooperation in addiction prevention and treatment programmes. For instance, the so-called “assertive community treatment” has established full interdisciplinary assessment and service planning by psychiatrists, nurses, social workers, “substance abuse specialists”, vocational rehabilitation specialists, occupational therapists, and certified peer specialists. This approach has been shown to be even more effective than the traditional role of a case manager who interconnects all the above-mentioned professions in client-focused care (Drake et al., 1998; Grew & Bond, 1995).

In recent years, degrees in addiction science have flourished around the world. Within the EU, a master’s-level curriculum (MSc) in “Drug Use and Addiction” is taught at John Moores University in Liverpool, an MA in “Addiction Studies” is provided at the Dublin Business School, the University of Glasgow offers an MSc in “Drugs and Alcohol Studies”, and a teaching unit on “Drug, Alcohol,

and Tobacco Use and Public Health” operates at the University of London. “International Addiction Studies” is run as a joint degree by Kings College, Virginia Commonwealth University, and Adelaide University. A “European Masters in Drug and Alcohol Studies” is provided by Denmark’s Aarhus University, Universitat Autònoma de Barcelona runs a master’s programme called “Chronicity and Dependence”, another Spanish institution, the University of Deusto, offers a “Drug Dependencies and Other Addictions” study programme, and Charles University in Prague offers “Addictology” on the Bachelor’s, Master’s and doctoral levels. A number of U.S. universities provide an MA in addiction counselling or addiction studies (for instance, the Hazelden Graduate School of Addiction Studies in Minnesota, Lewis and Clark Graduate School of Education and Counseling in Oregon, the University of South Dakota, the International University for Graduate Studies in New York, Boise State University, and Governors State University). The content of these study programmes has not been evaluated systematically or even documented in descriptive terms. This is surprising, given the large numbers of addiction treatment and prevention personnel in the workforce of many countries.

One of the authors is involved in the realisation of a global internet survey for her Ph.D. that is focused on mapping and analysing all the specialised university study programmes in the field of addictology (addiction science) and similar subjects worldwide (Miovsky, Pavlovská, & Babor, 2015). The first wave (continuously January–November 2015) shows the very basic numbers: there are at least 34 programmes in Europe (most of them are running in the countries of the United Kingdom, then Spain, Germany, Finland, Ireland, Denmark, and the Czech Republic), at least 53 in the USA and Canada, seven in Australia and New Zealand, and three in Asia, together totalling almost 100 university study programmes. These are only a small part; it is obvious that there are many more programmes and other forms of education in the field of addictology. We are still continuing with the survey, so more data will come. And the next step is to prepare a detailed description of the programmes that have been identified in order to compare them and develop possible cooperation and exchanges of experience by means of an online survey.

If we classify the studies into undergraduate (bachelor’s), graduate (master’s), and Ph.D. levels, we can summarise that these 97 programmes offer 10 bachelor’s (BSc, Bc, BA), 28 master’s (MA, MSc, MS) and seven Ph.D. programmes. There are other different degrees, such as foundation (UK) or associate (US) degrees, but these are specific only to some countries.

Almost the same number of programmes are medically oriented (including Czech Addictology), focused on social

work, psychology and psychotherapy. The most frequent key words in the titles of the study programmes were “addiction”, “dependence”, “drug”, and “alcohol”. Yet the joint characteristic is interdisciplinarity, involving training in counselling, psychology, and public health.

The most taught courses in all the programmes are (according to their frequency): 1) research methods, methodology, and evaluation; 2) the basics of substance use and addiction, 3) intervention methods and skills, 4) treatment and recovery, 5) law and the justice system, 6) mental health, 7) social work, and 8) clinical placements. In the Czech Addictology study programme we pay quite considerable attention to the clinical practice of the students, so there is a compulsory clinical part in every year of the studies. There is no concrete information about this part of the studies on many of the university websites, and only 17 (out of 34 European programmes) mention it as a necessary part of the studies. 13 programmes contain clearly defined placements or internships in a practice/service setting. Four programmes specify how many hours in a clinical setting students have to undergo, from 100 to 400 hours, including the programmes at Charles University (320 hours in the bachelor’s and 200 hours in the master’s study programmes). Two programmes offer research placements too. One has a practical way of teaching standard modules and one has a practice in the form of six-month-long clinical placements. Another five programmes encourage students to do some kind of job or voluntary activity in the field of addictions or they are supposed to do that before starting their studies.

It is still necessary to map these specialised programmes, as well as to start to communicate with other professionally focused studies such as medicine, social work, nursing, psychology, etc. All of them provide specialised courses or degrees in the addiction field and yet it is only a small part of their knowledge. We stress the necessity of cooperating between all the professions and specialists included in the field and sharing information, and not only about their willingness to work with the target group of substance users, dependent people, and their relatives.

In order to begin the process of establishing a body of comparative literature on specialised professional training programmes in addictology, this article describes the degree in “Addictology” at Charles University in Prague (see also Miovsky et al., 2014a, 2014b). In addition to the history of its pedagogical and organisational origins, we also present information about the profiles of its graduates. Addiction science has gained independence in the areas of research and publishing in terms of developing a vast number of specialised addiction journals, with a rapid growth since the 1970s, mirroring the growth of scientific journals in other disciplines during the same time (Babor & Stenius, 2008). There are now about 85 indexed addiction journals

worldwide, 56 of them with a non-zero Impact Factor, according to the ISI Web of Knowledge as of 2012. Addiction science as such can now be perceived as an independent professional career (Edwards, 2002; Babor, 2012).

2 Addiction science (addictology) as an independent field of scientific inquiry and professional practice: terminology and concepts

Addictology, or addiction science, can be defined as a distinct and independent field of scientific inquiry centred around addictive behaviours and the risk environments for substance use, aiming at scientific and professional excellence that is relevant to society. *Addictology* merges biomedical, psychological, and social scientific perspectives within a transdisciplinary, issue-driven research framework, that of the risk environment of substance use and addictive behaviours. Addictology’s goal is to advance physical, mental, and public health by contributing to research-based prevention, treatment, harm reduction, and drug market interventions with its legal aspects. Pivotal concepts in addictology are *addictive behaviour*, a *risk environment*, and *transdisciplinary research efforts*.

The concept of *addictive behaviour* centres around compulsive substance use, identified as addictive by the diagnostic criteria of the International Classification of Diseases (ICD-10) (WHO, 2015). However, it extends the scope of inquiry to a broader range of human activities that may involve compulsive (and thus addictive) propensities, such as pathological gambling, gaming, or internet use, and result in individual or societal harm (Goodman, 1990). Addictive behaviours do not exist in a vacuum, but are subject to dynamically interlocking influences, for example, from the interaction between drugs and brain chemistry to the relations between substance use patterns and drug control regimes.

The concept of a *risk environment* is a framework for studying both fundamental and applied research questions in addictology, promoting an understanding of drug use patterns, addictive behaviours, and the associated harms, as well as their management and reduction. The focus is not necessarily related to direct cause-and-effect relationships but factors contingent upon the social context, subject to an environment where multiple biological, psychological, and social factors meet and exercise a mutual influence (Rhodes, Mikhailova, et al., 2003; Rhodes, 2009).

These dynamic concepts require expertise and collaboration across traditional disciplinary boundaries in transdisciplinary research efforts (Stokols, Fuqua, et al., 2003; Choi and Pak, 2006). *Transdisciplinarity* applies to research efforts focused on problems that cross the boundaries of various disciplines, such as medicine (genetics, neuroscience, etc.) and public health, the social and behavioural sciences, or the law (Nicolescu, 2008). It also encourages the integration of non-academic participants, such as

policymakers, service providers, interest groups, and the public, towards a new and shared understanding.

Transdisciplinary research constructs common paradigms, terminology, and epistemology and generates new knowledge and theory towards meaningful progress in our comprehension of complex situations and behaviours. Indeed, both addictive behaviours and risk environments transcend the reach of any single scientific discipline involved in the field of addiction. With its roots in collaborative approaches pursued in medicine, psychology, and social work, addictology has evolved as a transdisciplinary field of study that responds to newly emerging needs in a rapidly changing society. It connects well-established scientific disciplines in developing state-of-the-art empirical and theoretical work on substance use. As a school of thought, addictology crosses the theoretical and methodological boundaries of multiple disciplines, aiming for a comprehensive understanding of drug use and contributing to evidence-based, pragmatic, and humane policies and interventions for substance use and addictive behaviours.

In this paper, we aim to present *addictology* as a distinct field of transdisciplinary scientific inquiry into the risk environment of substance use and addictive behaviours in the Central European tradition. We analysed the historical context of the emergence and evolution of addictology in Central Europe. On the basis of this concept, we present a case example of a present-day university education and training system created in the Czech Republic. The reasons for establishing these specialised academic study programmes were reflected in the context of the last key policy document approved by the relevant professional societies in the Czech Republic (Miovsky, 2007; Miovsky et al., 2014a, p. 313):

- the rapid development of the non-profit sector and the entire field of addictology in relation to prevention and treatment services resulted in the massive influx of new staff members with no acceptable qualifications (including the completion of the aforementioned courses) for professional work with people in clinical operations;
- the absence of adequate qualifications became a major barrier to the further development of services, as they lacked staff members with formal qualifications that would be acceptable for the applicable legal framework;
- the absence of adequate qualifications among the staff members even came to compromise the legitimacy and status of certain types of drug services, which particularly concerned the non-profit sector and the newly-emerging low-threshold services;
- the absence of adequate healthcare qualifications (with the exception of physicians, nurses, and clinical psychologists) became a major barrier to meeting the increasingly stricter requirements for the provision of professional care (for example, low-threshold services typi-

cally encountered problems with their provision of needle and syringe exchange programmes and screening tests, which must not be performed by social workers, as they are health interventions and involve work with infectious material).

● 3 THE CONTEXT OF ESTABLISHING A SPECIALISED ACADEMIC STUDY PROGRAMME IN ADDICTIONS IN MODERN HISTORY

We can talk about specific conditions and historical developments in Czechoslovakia and later the Czech Republic that can be characterised as a combination of three different streams: (1) early interest in self-help activities, followed; by (2) the development of specialised treatment programmes, both affected by 40 years behind the “Iron Curtain” and (3) intensively confronted with harm and risk reduction interventions after the Velvet revolution (Miovský et al., 2015). The socio-political changes that followed the 1989 ‘Velvet Revolution’ triggered many different training activities, institutions, and programmes, driven by both national and European Union funding, including harm reduction-oriented training. The first attempts at developing a contemporary, systematic, and interdisciplinary programme in addiction education, possibly with an acknowledged professional qualification, were prompted half-way through the 1990s by the rapid development of additional low-threshold addiction services in the Czech Republic (for more details see Miovsky, 2007; Miovsky et al., 2014a). These new organisations had to deal with a rapid influx of young new staff members without appropriate education.¹ Apart from graduates in psychology or social work, which were relatively new disciplines, after the communist philosophy was removed from the study curricula, these were either ex-users or enthusiasts with no qualification relevant to the subject of addictive disorders. No addiction-specific education was available, either to them or to the psychiatrists or nurses who also served as staff members of these services. In response, a comprehensive two-year education programme in addiction was developed and subsequently implemented by the Podané ruce NGO between 1994 and 1997 (Miovský et al., 1998). The programme was established in collaboration with the psychiatric hospital in Brno-Černovice, whose senior staff provided (clinical) supervision and participated in the programme.

A study curriculum was drafted and an attempt was made (unfortunately without success) to integrate this educational module into the curricula of the IDVZ Institute (Institute of Lifelong Learning in Healthcare in Brno) for the

1/ These included Podané ruce Brno, Caritas, and several other organisations.

staff of drop-in centres, therapeutic communities, etc. Meanwhile, the SANANIM civic association and the sub-department of addictive disorders of the IPVZ Institute (Institute of Postgraduate Education in Healthcare) (both in Prague) collectively prepared an interdisciplinary education programme in addiction.

Two European Union (EU) Phare projects aimed at the development of human resources, DDRSTP-I and DDRSTP-II,² proved to be of major importance for the development, as this resulted in close cooperation between the Brno and Prague teams, resulting in a common draft curriculum and two parallel courses in Prague and Brno. This was quite a significant accomplishment and a good example of collaborative work across institutions and disciplines, as the two teams had originally implemented their own educational programmes. Thus, the teams agreed to develop a new programme together that would subsequently be shared and provide a basis for exchanging experience.

The process of the increasing need for specialised education described above, self-help activities in acquiring it, and the joint work of NGOs and an established psychiatric institution helped to accelerate the development of interdisciplinary education in the Czech Republic as it became a key impetus for the creation of the independent university educational programme of addictology at the Department of Addictology, First Faculty of Medicine, Charles University in Prague (starting on the bachelor's level in 2005). This educational achievement was complemented in 2008 with the updating of the Law on Paramedical Health Care Professions (No. 96/2004), which acknowledges addictologists as healthcare professionals eligible to work in addiction services, and healthcare in general, without the supervision of other medical staff, upon the completion of their degree. Since 2008, the Czech Association of Addictologists has been servicing this independent professional group.

As a scientific and educational entity, addictology aims to contribute to building and cultivating the identity of a newly emerging field of study in the Czech Republic, independent from, but well connected to, medical disciplines, psychology, social work, and other specialisations. Methodologically, addictology builds on both quantitative and qualitative research approaches in disciplines historically involved in the area of drug research, such as epidemiology, biomedicine, psychology, sociology, economics, law and criminology, or political science. Its transdisciplinary focus, embodied in the doctoral programme, aims at fostering

2/ The "Drug Demand Reduction Staff Treatment Project" was implemented with the assistance of the Council of Europe Pompidou Group "Rady Evropy". The second phase of the project, in particular, contributed to the creation of several important works and standards, including a Czech interdisciplinary drug/addiction glossary and a comprehensive, two-part interdisciplinary textbook on drugs and drug addiction, jointly authored by recognised Czech academics and professionals.

a shared epistemological framework, terminology, and paradigms and comprehensive methodologies that connect various disciplines involved in substance use.

The degree has fully acknowledged the bio-psycho-social (-spiritual) model of addiction, and despite being delivered at a medical faculty, it was built up on strong transdisciplinary grounds. At the same time, the concept of these addiction studies is sensitive to the rivalry between the abstinence-oriented and harm reduction approaches that have evolved in the country. Indeed, with research and evidence addictology aims to reconcile and integrate both philosophical schools. Naturally, the programme has taken much from the local experience and the specific national features and traditions in the field of addiction. Therefore, one of the pillars of the programme has been the SUR training in psychotherapy. The teaching staff of the Department of Addictology has blended the collective experience of the professionals and officials involved in developing the present Czech drug policy framework. The curriculum includes a strong emphasis on practical work experience in a wide range of addictological prevention, treatment, and harm reduction services that represent the unique and pragmatic drug policy mix of the country (see, for instance, Radimecký (2007)).

Another important facilitating factor in the emergence of addictology as an independent scientific discipline in the Czech Republic was the establishment of the national journal *Adiktologie* [Addictology: a Journal for the Prevention, Treatment of, and Research into Addictions] in 2000. The journal publishes clinical research and interdisciplinary studies. The goals of the journal are to facilitate the development of training and education in addiction, provide a link between research and practice, and cultivate interdisciplinary approaches (*Adiktologie*, 2001, para. 1). The focus on building up a national evidence base by providing grounds for rigorous research and evaluation studies has further helped to strengthen the position of the degree and develop it to further academic levels. An MA in addictology was started in 2009, and a Ph.D. programme gained accreditation in 2012.

● 4 THE COMPOSITION OF THE DEGREE

● 4 / 1 Structure of the university training in addictology and its educational system

In the process of the establishment of addictology as an academic study degree and an independent profession, the historical developments and current needs have met with the recent developments in the structure and purpose of higher education within the European Union (the Czech Republic became part of the EU in 2004). The unification and harmonisation of higher education across the EU has taken on new dimensions in terms of its harmonisation through the

Table 1 / Tabulka 1

Framework of education levels in addictology
Framework of education levels in addictology

		Micro environment	Macro environment	Meta environment
		BC	MA	Ph.D.
Risk	Mental health	case management of substance use and addictive behaviour	clinical work and management of mental health services	clinical research in substance use and addictive behaviour
	Public health	paramedical and harm reduction practice	management in public health system and services	assessment of public health interventions
	Environment	criminal, societal, biomedical, and psychological factors in case management	management of criminal, societal, biomedical, and psychological risk factors	transdisciplinary research into factors in risk environment

so-called *Sorbonne Declaration* (1998) and *Bologna Declaration* (1999).

The Department of Addictology has been seeking to further develop and strengthen the addictology profession and its integration into the broader framework of healthcare professions. In order to achieve this, it has set up the following core objectives: (i) to create a standardised university framework for addictology education at the bachelor's, master's, and Ph.D. levels (*Table 1*); (ii) to clearly define the conditions for qualification and specialisation studies and harmonise them with other healthcare disciplines; (iii) to implement a credit system for addictology education that meets the EU harmonisation criteria and ensures the acceptance of qualifications across similar disciplines in the EU, and (iv) to participate actively in the furthering of transdisciplinary approaches in the field of addictology. A very important part of all the study levels is practice and clinical placements and internships of the students, especially at the bachelor's level as the graduates become individual professionals in the field. The internships are 80–160 hours per grade; in total it is 520 hours for the BSc and MSc studies. Students spend time in services for substance users and the like from the entire care system for this target group in the Czech Republic.

● **4 / 2 Bachelor's degree in Addictology – Case management within the risk environment of substance use and addiction**

The bachelor's (BC) degree programme in addictology provides the theoretical background and skills for effective case management and the prevention and treatment of substance use and addictive behaviour and the related harms to physical and mental health. The programme merges basic knowledge and skills from psychology, social work, and paramedical disciplines in addressing the needs of clients and communities affected by substance use in a client-friendly manner. Those with a bachelor's degree in addictology will have a good understanding of the transdisciplinary nature of substance-related problems and

the interplay of biological, psychological, and social factors in the risk environment of substance use. This will also prepare them for effective collaboration with other professionals involved in the area of substance use. The main components of the bachelor's programme are case management and mental health, paramedical practice and harm reduction, the system of addictology services, client-friendly approaches, and collaboration with communities at risk. Graduates of the bachelor's programme receive the theoretical background and skills to apply client-friendly approaches to substance use and addictive behaviours in three general areas of practice: in the case management of substance use and addictive behaviours, in nursing, and in paramedical practice in harm reduction services, while their broad background in addictology provides them with the flexibility to work in various positions within the system of addictology services and also elsewhere. The major characteristic shared by graduates of the programme is professional versatility. Their broad knowledge and skills base make them easily employable across different segments of addictology services. They can find employment within universal, selective, and indicated prevention, and, given their transdisciplinary training, in implementing environmental prevention policies as well. Penitentiary and post-penitentiary services offer further employment opportunities, as does public administration. The core qualification of the graduates of the bachelor's programme in addictology addresses all four pillars of the European drug policy (primary prevention, treatment and social reintegration, harm reduction, and law enforcement) within a transdisciplinary framework of the risk environment (*Table 2*). The capacity of this programme is 40 students in the distance learning form and 35 students in the full-time form (in each year).

EDUCATION

Table 2 / Tabulka 2

Courses in the Bachelor's study programme of Addictology*Předměty v bakalářském studijním programu adiktologie*

Basic medical subjects	Course	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Anatomy	Exam	90	4
Human biology	Class Credit	30	2	
Chemistry and biochemistry	Class Credit	30	2	
First aid	Exam	30	2	
Basics of medical terminology	Credit	30	2	
Basics of professional information work	Class Credit	30	2	
Foreign language	Credit	60	2	
Physical education	Credit	60	1	
Physiology	Exam	60	4	
Basics of clinical medicine	Exam	45	2	
Basics of nursing (+ practice)	Class Credit	30	4	
Ethics and philosophy	Credit	45	2	
Pathology and pathological physiology	Exam	90	4	
Introduction to Clinical pharmacology	Class Credit	30	2	
Basics of toxicology	Class Credit	30	1	
Neurosciences	Credit	15	2	
Epidemiology	Exam	60	4	
Pediatrics	Class Credit	30	2	
Philosophy for helping professions	Credit	15	1	
Clinical addictology	Course	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Introduction to addictology studies	Exam	30	2
Psychiatry	Exam	60	6	
Clinical addictology (pharmacology, prevention, treatment, after care)	Exam	90	9	
Therapeutic continuum in addictological care	Exam	90	8	
Casework in pretreatment services	Credit	15	2	
Casework in therapeutic communities	Credit	15	2	
Self-help systems	Credit	15	1	
Case management	Exam	30	2	
Primary prevention	Exam	30	2	
Primary prevention programmes in practice	Credit	30	2	
Tobacco	Credit	15	2	
Gambling	Credit	30	2	
Specific target groups	Exam	30	2	
Recreational drug using	Credit	15	1	
Final case-study work	Exam	15	2	
Practising in a selected facility	Credit	12 weeks	15	

Psychological and counselling line	Course (continued)	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Basics of psychology and communication	Class Credit	30	3
	Communication skills training	Credit	30	1
	Developmental psychology	Exam	30	3
	Bodywork	Credit	15	1
	Counselling	Credit	45	3
	Nonverbal communication	Credit	15	2
	Contemporary psychotherapeutic practice	Credit	15	2
	Sociotherapy	Credit	15	2
	Psychosocial training (self-experience)	Credit	60	6
	Motivational interviewing	Credit	30	2
	Work with families	Exam	30	2
Social and law line	Course	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Basics of law	Credit	30	2
	Introduction to sociology	Exam	30	3
	Gender matters	Credit	15	2
	Ethnic minorities	Credit	15	2
	Pedagogy, special pedagogy	Credit	30	3
	Public control and management	Credit	15	1
	Social policy, social work	Exam	60	5
	Basics of drug policy	Credit	15	2
	Religion – basics	Credit	15	1
	History of drug use	Credit	15	1
	Criminology	Exam	30	2
	Supply reduction	Exam	15	2
	Social work – selected matters	Credit	15	1
	Clients in conflict with the law	Credit	30	2
	Socialwork and skills training and law counselling	Credit	24	2
Introduction to financial management	Exam	15	2	
Methodology, research basics	Course	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Basics of professional writing	Credit	15	1
	Research methodology in addictology and epidemiology	Exam	60	4
	Statistics for addictology – introduction	Exam	30	3
	Evaluation of drug services	Credit	15	1
	Exploratory practice	Credit	15	1
	Addictology terminology in English	Credit	15	1

● 4 / 3 Master's degree in Addictology – Mental health and public health approaches for managing the risk environment of substance use

The MA programme in addictology provides its students with: (i) a meticulous transdisciplinary framework for understanding and researching the risk environment of substance use and addictive behaviours and (ii) up-to-date knowledge of evidence-based mental and public health approaches towards managing substance-related problems. With both mental and public health at its core and a strong policy and management component, the programme aims at preparing future leaders in drug-related public policy making and in the design and management of evi-

dence-based services. MA-level addictologists are trained to be team workers and to communicate with all the stakeholders involved in substance use, from political decision makers to service managers to frontline clinical or paramedical staff and social workers. The components of the master's programme are mental health (psychotherapy, management, and practice), public health (harm reduction, drug policy, and criminology) and transdisciplinary thinking and action in mental and public health (research and management skills) (*Table 3*).

A student of the master's studies in addictology receives a comprehensive education aimed at: (i) providing the knowledge and skills required for clinical work, together with; (ii) effective functioning in advanced positions

Table 3 / Tabulka 3

Courses in the Master's study programme of Addictology

Předměty v navazujícím magisterském studijním programu adiktologie

Interdisciplinary line and theory of addiction science	Course	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
		Public health and healthcare	Exam	60
	Mental health	Exam	60	4
	Developmental psychopathology	Class Credit	30	2
	Psychotherapy	Exam	60	4
	Applied developmental psychopathology	Class Credit	30	2
	Professional language	Exam	60	4
	Social work and policy theory	Exam	30	2
	Law and addictological services	Class Credit	30	2
	Management of health services	Class Credit	15	2
	Sociology and social psychology	Class Credit	15	2
	Penitentiary and post-penitentiary care	Class Credit	15	2
	Primary prevention – practicum	Class Credit	15	2
	Drugs and art	Credit	15	1
	Basics of economics	Credit	30	3
	Criminology in addictology	Credit	30	3
	Probation and mediation	Class Credit	15	2
	Drugs and society	Class Credit	30	2
	Criminal law	Class Credit	30	3
	Ethnic minorities and migrants from an addictological perspective	Exam	15	2
	Development of human resources	Class Credit	15	2
	defaultDrug control systems	Class Credit	15	2
	Project management	Class Credit	15	2
	Drug policy making	Class Credit	15	2

Research and Methodology line	Course (continued)	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Methods in addictological research	Exam	60	4
	Statistics – advanced	Class Credit	15	2
	Research practicum	Credit	45	7
	Selected qualitative methods: practical training	Credit	15	2
	Publishing Addiction Science	Class Credit	15	2
Clinical addictology line	Course	Exam Type	Extent of teaching hours DIRECT	ECTS Credits
	Clinical addictology: selected chapters	Exam	60	4
	Public health interventions in practice	Credit	60	6
	Current trends in harm reduction	Class Credit	15	2
	Specific approaches to users in the context of the criminal law	Class Credit	15	1
	Diagnostic tools in casework	Class Credit	30	2
	Case study seminars	Exam	75	7
	Case management practicum	Class Credit	15	2
	Family therapy	Exam	30	3
	Supervision	Exam	30	3
	Training in psychotherapeutic skills (self-experience)	Credit	80	3
	Brief interventions	Credit	15	2
	Non-substance dependency	Credit	15	2
	Nutrition therapy in addictology	Credit	15	2
	Final case-study work	Exam	15	3
	Practising in a selected facility	Credit	7 weeks	7

in the management of drug (and other) services and in policy development, and (iii) preparing for a scientific career in addictology. The capacity of this programme is 40 students in the distance learning form and 35 students in the full-time form (in one grade).

● 4 / 4 Doctoral degree in Addictology – The risk environment of addictive behaviours: a transdisciplinary scientific framework

The aim of the Ph.D. programme in addictology is to provide a nurturing setting for transdisciplinary, issue-driven research into the risk environment of substance use and addictive behaviours. The core of the programme is in clinical and public health-oriented research in support of evidence-based decision making. The programme involves several relevant disciplines that work across subject boundaries and encourages the integration of non-academic participants, such as policy makers, service providers, interest

groups, or the public in solving common research goals and in generating new knowledge and theory. Its key instruments are methodological supervision, together with transdisciplinary addictology research, merging quantitative and qualitative methodologies into a common epistemological framework. The components of the doctoral programme are clinical addictology (prevention, treatment, and therapeutic skills), public health (drug policy, harm reduction, and law enforcement), and transdisciplinary methodologies (issue-driven research, qualitative, quantitative, and participatory approaches).

A student of the doctoral programme in addictology receives a comprehensive education aimed at developing: (i) academic excellence in transdisciplinary addictology research and publishing; (ii) advanced knowledge and skills in clinical addictology, and (iii) a solid theoretical and professional perspective on the relationship between addictology and public health. Doctoral students will par-

ticipate in transdisciplinary research projects, supervised by senior staff members of the Department of Addictology. They will conduct addictological research in the Czech Republic and/or internationally. The current capacity is approx. 20–25 students.

● 5 DISCUSSION

The Czech experience presents an example of the emergence of a new profession, with an issue-oriented professional identity and an increasingly transdisciplinary scientific and epistemological framework, introduced through an independent and unified educational framework. To what extent this approach is applicable to the international context of addiction studies, and addiction professionals, remains to be seen.

With respect to a comparison with relevant study degrees, first of all, the authors are not aware of any other programme that provides a continuum of three levels of higher education. This remains a unique feature of the approach taken in the Czech Republic. At the same time, two main lines of study specialisation on the MA level can be identified in the international context – an interdisciplinary line in “substance use” or “drugs and alcohol studies”, and a counselling line. The Czech approach seems to account for both, introducing the counselling level as the main focus of the bachelor’s programme and one of the two directions in both the MA and the Ph.D. programme. For a more detailed comparison, an insight into the composition of the above-mentioned different curricula, as well as into non-English programmes, would be needed.

In terms of professional specialisation, the authors perceive the Czech approach as being one of the two possible directions that a qualification in addictology can take in the future. The first one is an addictology specialisation within the existing professions that participate in addiction care, such as counsellors, psychologists, psychiatrists, nurses, social workers, etc. The second one is an “addictologist” as an independent professional, implying the “emergence of a new profession” – as, for instance, Butler (2011a and 2011b) put it with respect to the development of the profession of an “addictology counsellor” in Ireland. It is argued below that the two approaches should not be considered mutually exclusive, given that all the professions that are currently involved are likely to remain in addiction prevention and treatment even when the profession of an “addictologist” enters the field.

As for related professions in the drug field, it is necessary to maintain the qualifications in other disciplines that are active in addictology services and thus to keep the “in-

terdisciplinary nature of work teams”. Related professions should have the option to obtain an integrated specialisation in addictology, i.e. on top of a qualification degree in their discipline, they could obtain a specialisation in addictology as an interdisciplinary perspective, possibly with a focus on different types of services. Thus, we are presuming the development of specialised addictology courses in all the related disciplines (except for psychiatry, which already has a specialised addiction attestation, at least in the Czech Republic), and thus to achieve mutual harmonisation of the performance of the work of psychiatrists, psychologists, nurses, etc. with the work of addictologists.

At the same time, the creation of addictology as a separate professional discipline per se should not result in any serious interference with other disciplines that have historically been present in this field. This is not only due to graduates’ formal position in the healthcare system. More specifically, the fact that an addictologist is licensed as a separate and independent paramedical profession in the Czech Republic means that his/her level and specific competences are equivalent to physiotherapy or clinical psychology. Addictology graduates do not represent competition (in the traditional sense of the word) for any of the existing professions, since they cannot replace a doctor or a nurse, or any other existing profession.

With respect to the transferability of the concept of addictology introduced in this paper, the Department of Addictology has gained experience in transferring the knowledge base of addictology into a distinct cultural and drug policy setting. In two international collaboration projects,³ a “training of trainers” in addictology was implemented in Tbilisi, Georgia, together with our partner organisation Alternative Georgia, an NGO focused on research and drug policy advocacy, and three partner universities. In Georgia, the national drug policy mix represents a punitive law enforcement strategy that qualifies drug use as a criminal offence, accompanied by a rather narrow bio-medical demand reduction perspective on drug use. Treatment services are costly, and limit themselves to pharmacotherapy. Harm reduction interventions are supported by international funders but are likely to finish in the (near) future (Javakhishvili, Sturua, et al., 2011). This situation results in important threats to public health and represents a challenge to a comprehensive, transdisciplinary approach. Building the capacity of professionals in the field, who will themselves be able to pass on their skills as “trainers” within further educational programmes, can be considered a cornerstone in building up the evidence-based field of addictology in Georgia.

In contrast to the Czech historical case study, which shows a strong “bottom-up” evolution, arising from the demand in the field and self-help activities, the work in Georgia rather faces the risks of a “top-down” approach that

3/ 8th Programme for the Support of Collaboration with Universities in Georgia (Czech Ministry of Education, 2010, Project No. 610-09-23770); Education of human resources and monitoring of the drug situation in Georgia (Czech Developmental Agency, 2011, Project No. 21/2011/03)

might not be fully accepted by the local community. This is partially due to the fact that drug services in the country are under-developed and thus the demand for education might seem less urgent, or natural. As a result, an MA in addictology is to be accredited in Georgia, based on a needs assessment conducted among educators and professionals in the existing addictology services (Kirtadze, Otiashvili, et al., 2011). Within the continuous creation of culturally sensitive learning modules, “addictology” has been shown to be a widely acceptable concept that can be further adjusted to the educational system and to the background of professionals currently involved in the field of addictology.

● 6 CONCLUSIONS

Although the historical roots of the addictology profession in the Czech Republic go back to the 1960s, its development was accelerated in 2005 with the establishment of the bachelor’s curriculum at Charles University in Prague. Since then, the educational programme has expanded rapidly and the current bachelor’s, master’s, and doctoral-level programmes now train more than 270 students a year (all the programmes are provided both in full-time and distance learning mode).

The genesis of addictology was greatly facilitated by the efforts of a number of academic, governmental, EU, and non-governmental organisations, important policy changes, and widespread support among addiction services. At this point, the conditions have been created for it to mature into adulthood. The present-day risk environment of drug use and addictive behaviours is, however, much more dynamic and fast-paced than in previous decades (Becker, 1963; Grund & Blanken, 1992; Nabben et al., 2012; O’Donnell & Jones, 1968; Parker et al., 1988), with the rise of New Psychoactive Substances (NPS) being a case in point – and one of the upcoming research foci of the DoA. Addictology’s transdisciplinary nature – uniting various disciplines that elsewhere often compete – is key to its current status in the Czech Republic and, we believe, to a comprehensive understanding of the complex and dynamic risk environment of substance use and addictive behaviours.

Historically, different professions all approached the study of drug use and addiction from their own perspectives, with limited cross-fertilisation of ideas. Understanding these phenomena and unravelling the intricate relationships between drug, set, and setting variables in drug use and addiction presents a challenge that transcends the reach and capacity of the many individual disciplines represented in drug services and policy. Therefore, addictology provides a comprehensive scientific framework for understanding drug use and addiction that goes beyond individual disciplines. Transdisciplinary work requires taking established boundaries to be respected, but merges the scientific traditions and intellectual capital of the disciplines and –

importantly – stakeholders involved into a common frame of reference, aiming at an improved understanding of a complex bio-psycho-social phenomenon and rapidly diffusing the insights thus gained into clinical practice, public health, and stakeholder communities.

Addictology does not aim to replace, but rather to work in tandem with other disciplines and professions and to support the integration of relevant theory and methodologies and work towards improved, evidence-based explanations of and solutions to “one of the great problems of our time”. We feel that with its unique and innovative nature, blending transdisciplinary science, education, and clinical practice, addictology is ready to face the challenges and changes that may await the field of substance use, drug services, and policy in the years ahead.

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