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Educational Needs in the Sphere of Addictology in Georgia

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Abstract

Aim

The purpose of the report provided here is to assess drug education needs in Georgia and, specifically, to reveal the gaps on the different levels of the system of education (public schools, universities' relevant Bachelor's and Master's courses, the system of lifelong education for teachers, school psychologists, addictologists, journalists, etc.), as well as in the service-providing organisations. Besides assessing and identifying the drug education needs, the report proposes a set of recommendations focused on responding to the needs that are revealed.

Methodology

The report is based on the results of research that included a desk review of the structure of the education system and the current international regulations and standards in place, as well as a review of the system for the provision of services. In-depth interviews were conducted with teachers and faculty members working in the education system and staff members of the related services. The data collection was performed in March-April, 2010.

Conclusions

The study reveals that there is a lack of trained professionals in the field of addictology in the country; this is especially true regarding managers, physicians, psychologists, lawyers and social workers engaged in the drug healthcare field. The study also reveals that there are no efficient mechanisms of addictology education in place in the country. Study programmes (with different formats, scales and frames) should be developed in all the segments of the system of education in Georgia.

Introduction

The field of addictology has been developing in Georgia since the early 'nineties, since the country became independent. In 1992 addictology (known at that time as "Narcology") was separated from psychiatry as an independent multidisciplinary field, and a separate scientific institute and clinic were founded as justifiers and symbols of separation. Starting from the end of the 'nineties, drug-focused NGOs started to appear on the professional stage, focusing on drug primary prevention, harm reduction and policies. The relevant legislation was developed and adopted by the Parliament of Georgia at the beginning of the new millennium (in 2002-2003). Step by step, several non-governmental medical clinics emerged; currently, there are 5 such clinics providing detoxification and short-term psychotherapeutic assistance to addicts; harm reduction services developed step by step, including nowadays not only needle exchange programmes, but also a well-developed countrywide network of voluntary testing and counselling services and methadone and buprenorphine substitution programmes, which are less developed but are in the process of being established.

In spite of the progress described above, the process of development of the field of addictology is still rather slow and restricted by the inertia of the Soviet heritage. There are a number of problems slowing down the process: the non-existence of a proper drug information system, the non-existence of a mechanism for coordinating drug efforts in the country, the non-existence of a national drug strategy and corresponding action plan, insufficient drug legislation, and a **lack of trained human resources in the field**.

This paper tackles this last problem – a lack of well-trained human resources in the field of addiction and a lack of institutional mechanisms for their development. Specifically, it describes the current gaps in the country in this regard and the efforts of Georgian civic actors and Czech scholars to bring about institutional changes in response to these deficits. The paper begins with a description of the education system in Georgia, then current needs regarding addictology education are described with regard to different levels: services, medical education, public school education, and university social and political education. Finally, the joint action taken by Georgian and Czech partners and aimed at the appropriate changes is described.

1. Description of the education system in Georgia

Methodology:

The aim of the initial assessment was to describe the education system in Georgia focusing in particular on

- structure of the education system
- international regulations in force and standards accepted by Georgian educational institutions.

The assessment was conducted through the desk review of relevant policy documents, including laws, bylaws, ministerial orders and decrees and other regulatory documents. Webpages of the Ministry of Education and Science of Georgia (www.mes.gov.ge) and the National Examinations Centre (www.naec.ge) were used as a major source of information.

1.1 Structure of the Education System of Georgia

Retrieved from www.naec.ge – 7-8 May, 2010

From 2005 united national examinations were introduced in Georgia, which are obligatory for all types of educational institutions (state and private). At the end of secondary education the newly graduated student should pass an examination which is obligatory for further education in institutions of higher education. Without the united national examination no one can become a student of these institutions. All the results of examinations are assessed by the National Examinations Centre.

The state policy in the educational field is administered by the Parliament of Georgia, the President of Georgia, the Government of Georgia and also by the Ministry of Education and Science of Georgia and the Ministry of Culture, Protection of Monuments and Sport. External quality assurance in Georgia is carried out through an accreditation process. Accreditation is conducted by the National Education Accreditation Centre www.nea.ge.

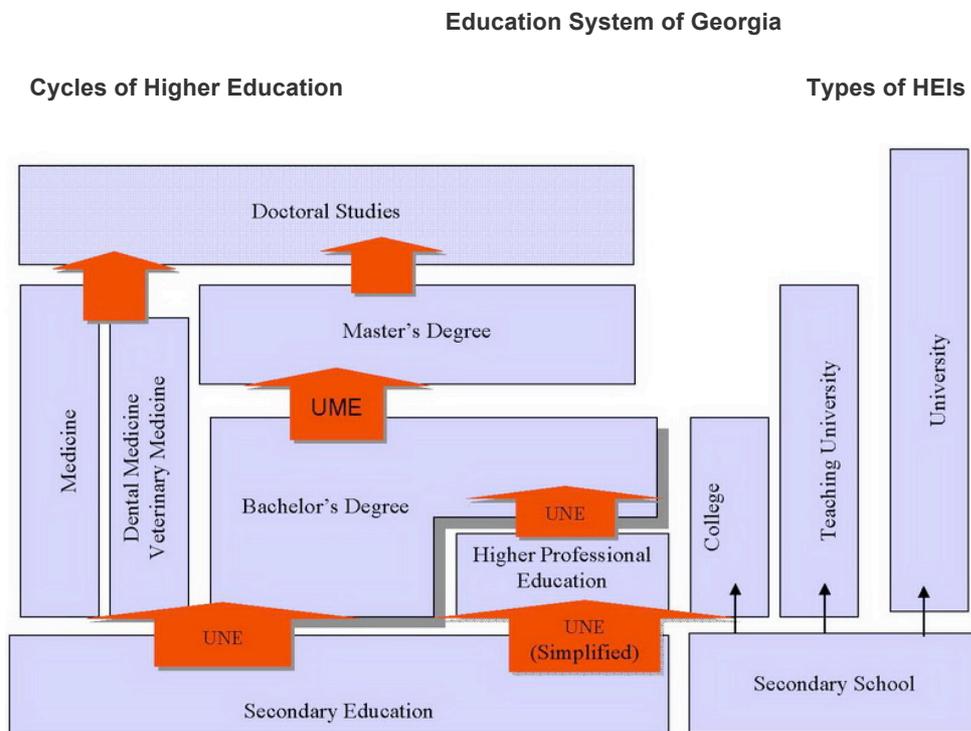
The state only recognises the qualification documents issued by accredited higher education institutions or their equivalents. A higher education institution and/or educational programme is accredited by the legal entity of public law – the National Centre for Educational Accreditation.

Cycles of Higher Education

Retrieved from <http://www.mes.gov.ge/content.php?id=131&lang=eng> – 7-8 April, 2010

The higher education system of Georgia consists of three cycles:

- First cycle – Bachelor's Degree (240 credits);
- Second cycle – Master's Degree (120 credits);
- Third cycle – Doctor's Degree (180 credits).



In addition, the first cycle involves a programme leading to the degree of a Certified Specialist (120-180 credits). Medicine, dental medicine and veterinary medicine (300-360 credits) are integrated education programmes and their learning outcomes lead to a qualification equal to a master's degree.

Higher Education Institutions

The following are the higher education institutions in Georgia:

- College – higher education institution implementing professional higher educational programmes and/or only the first-cycle programmes – Bachelor's programmes;
- Teaching University – higher education institution implementing higher educational programme(s) (except for doctoral programmes). They are authorised to provide the first and second cycles, i.e. Bachelor's and Master's educational programme(s).
- University – higher education institution implementing educational programmes of all the three cycles of higher academic education.

There are 23 state and 47 private accredited higher education institutions in the whole of Georgia.

1.2 International Regulations in Force in Georgia

Bologna Process

On June 19, 1999, 29 European Ministers of Education signed a declaration in the oldest university town, Bologna. By signing the document the ministers expressed their willingness to participate in the creation of a European

Higher Education Area. The Bologna Declaration was preceded by such documents as the Magna Charta Universitatum (1998), Lisbon Convention (1997), and Sorbonne Declaration (1998). At present 46 countries are participating in the Bologna Process. Georgia joined the Bologna Process in 2005 at the Bergen Summit.

1.3 Standards Accepted in Universities

The article includes information retrieved from the website of the Ministry of Education and Science of Georgia;

Credit System in the Universities

The credit is a means of assessment of a student's performance during a training course, as well as time spent on lectures, seminars and individual work.

- 1 credit = 25 –30 h.

NB: the distribution of time between lectures and practice depends on the specifics of the subject and the university's policy. Each of the educational programmes of the institution describes goals, learning outcomes and the respective qualification. The programme is developed so as to be commensurate with the European Credit Transfer and Accumulation System (ECTS) and has a consistent structure and a student evaluation system envisaged by the law in force and the relevant syllabuses.

General analysis of the curricula of bachelor's and master's courses of social sciences of 9 leading universities revealed inadequate practical and theoretical study of drug use prevention/harm reduction and addictology issues. No time is devoted to addictology while studying allied sciences (psychiatry, narcology, social work, etc.), or if any time is devoted to the subject, the study is rather superficial (few hours, insufficient coverage of key aspects) and irrelevant to practical use and reality.

2. Assessment of needs in addictology education in Georgia

2.1 Addictology needs assessment among service providers

Methodology:

The aims of the assessment were

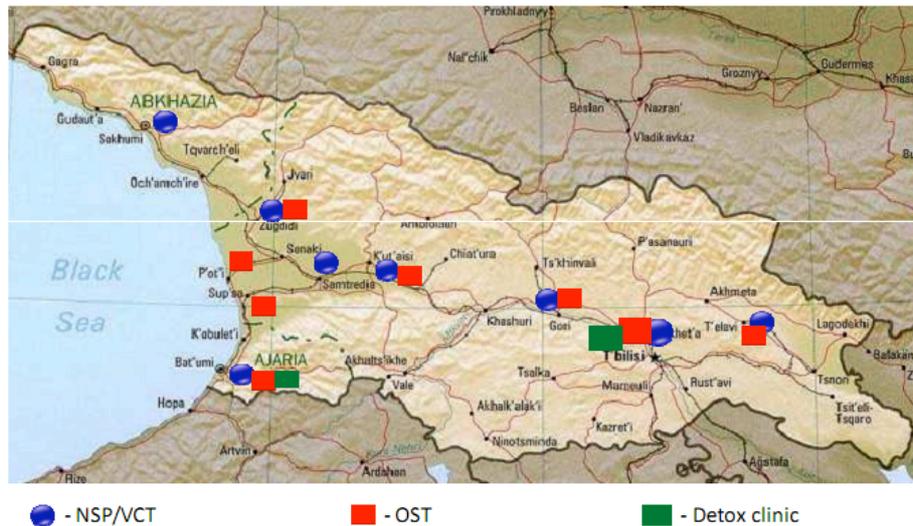
- to map services for drug users in Georgia
- to describe the types of services delivered and the staffing requirements and needs of the programmes
- to understand the educational needs of the professional staff of the programmes

The needs assessment was conducted through individual interviews with service providers. Seven semi-structured interviews were carried out with representatives of addiction treatment clinics, low-threshold harm reduction programmes and rehabilitation programmes.

2.1.1 Description of drug treatment services in Georgia

There are 9 combined NSP/VCT programmes operating in 8 cities (see the map). Two of them operate in Tbilisi. Each programme provides: needle and syringe exchange to IDUs, education on HIV prevention and safe injecting practice, distribution of information materials, condoms, and Naloxone; voluntary HIV/HCV/HBV counselling and testing to IDUs and their partners; consultations with narcologists, infectionists, surgeons, and lawyers for IDUs. The programmes provide at least one of the services listed above to about 5000 IDUs per year. The usual professional staffing of the programme is as follows: programme coordinator – 1; social workers – 3; VCT consultant – 1; nurse – 1; contracted consultants (varies according to the needs of the programme) – narcologist, infectionist, surgeon, lawyer, therapist internal medicine). Funding for the programmes is provided by a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM). No state funding is available for harm reduction services, but there is a rising understanding among stakeholders that the state will need to gradually replace international funding in the near future.

Map of drug treatment and harm reduction services in Georgia



There are 10 VCT points in prisons and 6 more should be opened by the end of 2010. They provide VCT to prisoners, including those with previous or current drug use problems. Their usual staffing is: VCT consultant – 1; nurse – 1; lab technician – 1. Their activity is covered by a grant from the GFATM.

There are 15 Opioid Substitution Treatment (OST) programmes operating in 8 cities in the country (see the map) serving about 1200 clients with opioid dependence. Eight of them operate in Tbilisi, including one in the prison there. All the programmes provide treatment with methadone and one provides Suboxone (buprenorphine/Naloxone). Four programmes are funded by a grant from the GFATM and 11 are funded by the state (with co-payment from the patients). The usual professional staffing of the OST programme is as follows: head of the programme – 1; doctor/narcologists – 2-3; nurses – 2; psychologists – 2; social workers – 2.

There are 6 narcological clinics in the country (5 of them in Tbilisi) providing detox to drug-dependent clients. All operate on a commercial basis. Their legal status differs: NGO (Uranti and Bemoni in Tbilisi), Joint Stock Company (Institute of Narcology), LLC (Batumi Narcological Centre). The number of staff members depends on the clinic, but the following professions are included as a rule: doctor/narcologist, psychologist, nurse, therapist (internal medicine), physiotherapist (acupuncture, art therapy), and consultants (psychiatrist, neurologist, cardiologist, infectionist, hepatologist and so on).

There are three 12-step programmes operating in prisons (one in a women’s prison). Two are funded by the state, one by the Polish government. Usual staffing: 12-step programme consultant – 1, psychologist – 1. Rehabilitation programmes are almost non-existent, except for a small-scale church-based programme in Tbilisi.

2.1.2 Description of drug education-related needs among the staff of treatment services in Georgia

Below we reflect on how higher medical schools in Georgia respond to the addictology educational needs of drug service providers (Note: please refer to **Table I** for a description of program staffing, state requirements and the educational needs of the staff members).

Table I. Staff of drug treatment, harm reduction and rehabilitation programmes and their educational needs

What kind of staff positions does your organisation have?	What kind of educational background do your staff members have?	What are the official requirements/criteria to be fulfilled by each staff member?	What are their educational needs in order to perform their duties better (to improve the quality of the services you provide)?	Where can you satisfy these educational needs of your staff members? Are there adequate accessible educational opportunities around?
Doctor/narcologist	Narcology	Physician	Drug epidemiology, drug demand	No opportunities exist

			reduction approaches, drug use research	
Psychologist/ psychotherapist	Psychology	Psychology	Basics of addictology ¹	No opportunities exist
VCT counsellor	Physician, psychology	None	Basics of addictology	No opportunities exist
Counsellor (12 steps)	Physician (former user)	None	Basics of addictology	No opportunities exist
Social worker	Nurse, agriculture, physician	None	Basics of addictology, specifics of working with DUs	No opportunities exist
Doctor – internal medicine	Physician	Physician	Basics of addictology	No opportunities exist
Doctor – infectionist	Physician	Physician	Basics of addictology	No opportunities exist
Doctor – STI specialist	Physician	Physician	Basics of addictology	No opportunities exist
Nurse	Nurse		Basics of addictology	No opportunities exist
Programme coordinator	Lawyer, physician, health psychology	None	Basics of addictology	No opportunities exist

Addiction specialists (narcologists) are the only professionals in drug addiction treatment clinics and harm reduction and rehabilitation programmes with an understanding of substance use issues and an official education in this sphere. However, their education at medical school is exclusively focused on the biological and physiological aspects of substance use and addiction phenomena and considers a straightforward pharmacological approach to the solution of the problem. As far as narcologists are concerned, they should study addictology while doing their bachelor's or postgraduate studies. The respondents also agreed that future specialists should have access to information on a wide range of drug-related services (harm reduction and others); special emphasis should be placed on drug use research methods and the enhancement of practical (research) skills.

All the other employees had very little idea about drug use issues before they started to work for the programmes. Counsellors and social workers (who are often former users) have some "knowledge" which is based only on their personal experience and needs profound correction. 'Social worker' was one of the specialties particularly mentioned by all the respondents. There are two problems in this sphere. On the one hand, the programmes encounter a shortage of social workers (the department where such specialists are trained has opened just recently and the shortage of specialists can be felt throughout Georgia). Many programmes send their social workers to one-year training courses (the only ones that exist) in social work at Ivane Javakhishvili Tbilisi State University. On the other hand, certified social workers have no idea about addictology and methods for working with drug users. The managers (coordinators) of harm reduction and rehabilitation programmes, who are often lawyers, psychologists, or physicians, must also become educated in addictology.

According to the respondents, not only addiction centre staff members but also family physicians and other representatives of the primary healthcare system should get to know the particularities of addictology in order to identify problems at an early stage. The respondents also suggested introducing the position of an assistant physician (this would require the training or re-training of staff members, e.g. nurses, social workers or psychologists), who would give primary counselling and suitable referrals to patients.

To overcome the gaps in knowledge, programme managers often send their employees to more or less relevant but rather occasional and unsystematic training events and courses arranged by NGOs, AIDS centres, and other organisations. Such training events and courses mainly concern HIV prevention issues. Additionally, programme managers have to conduct the on-site theoretical and practical training of newly employed staff members. For instance, young psychologists who get fixed up with a job at the Georgian Research Institute of Addiction first have to attend lectures in narcology together with the 6th-year students at the Medical University, then to work as assistants to experienced psychologists, and only after this do they receive the right to work independently (it is noteworthy that the course in narcology is delivered to the 6th-year students at the Research Institute of Addiction². Hence, other clinics and programmes have no opportunity to resort to this solution).

Conclusions:

¹ Basic addictology - content and scope needs to be defined by the bilateral team

² This is a solution found in GRIA and not available for other clinics

- the professional staff of the drug treatment, harm reduction and rehabilitation programmes have substantial gaps in their knowledge in the field of addiction
- there is a need for the inclusion of addictology courses in formal education for narcologists, social workers, psychologists, VCT counsellors, and medical doctors of all specialties
- there is a need for professional education and skills building for all professional staff who intend to work (or do work) in drug use-related services

2.2 The need to introduce addictology into Georgia's education system

Methodology:

The aims of the assessment were

- to understand addictology education-related needs in the public schools of Georgia
- to understand addictology education-related needs in the higher schools of Georgia

The needs assessment was conducted through individual semi-structured interviews with representatives of the different segments of the system of education in Georgia. To be precise, experts from the Ministry of Education and Science of Georgia, professors from Tbilisi State University, Ilia University and the Georgian Institute for Public Affairs, and also the directors of public schools were interviewed; additionally, the data obtained as a result of drug primary prevention training (held in October, 2009) with 60 teachers from 30 different public schools in Tbilisi were analysed.

2.2.1 Public School Level

There is no strategy of drug-related education for public schools in Georgia. Addictology-related issues, namely the impact that psychoactive substances have on the central nervous system and on human health in general, are taught rather chaotically as part of different natural subjects at the elementary, secondary and higher levels of public school education; for instance, in the lesson dedicated to the central nervous system in the human anatomy book (grade 8) there is an article on changes that the use of psychotropic substances causes in the central nervous system. A chemistry manual contains another kind of information in the same style, etc. This way of presenting materials is considered by the Ministry of Education and Science of Georgia to be an effective method of indirect prevention.

In some schools (there are no data available on their number), biology teachers are in charge of increasing children's awareness about addictology issues. They organise different campaigns (anti-tobacco, anti-drugs) with the participation of children. The campaigns are often of a formal and moralistic character and use scare tactics and thus fail to meet the prevention standards. Biology teachers do not have sufficient and adequate knowledge in the sphere, are not acquainted with the bio-psycho-social model of addiction and usually focus only on biological aspects of the problem.

Besides what is described above, problems related to the abuse of tobacco, alcohol and illegal narcotic substances are considered in the lessons dedicated to a healthy lifestyle, which are included in Civics (grade 8). However, this does not happen in all schools. It depends on what kind of civil education manual the school uses. At the moment there are four manuals approved by the Ministry of Education and Science of Georgia, out of which only one involves drug-related issues. It is up to the school administration to choose which manual to use and there are no data available on how many schools use which. The teachers of Civics are not trained to direct the addictology education of students and, similarly to biology teachers, they lack the relevant knowledge to deliver drug-related lessons.

There is a lack of relevant methodological literature for teachers to develop their expertise on the subject: only one drug misuse prevention manual for public school teachers, psychologists and administrators exists in the country at the moment. There is a need to diversify the literature and make it available for schools.

It is necessary to develop and implement mechanisms for teachers' lifelong education in the subject. At the same time, sustainable institutional mechanisms of addictology education for future workers in public schools (administrators, teachers, psychologists) should be put in place, which needs the incorporation of addictology education into higher education in the country.

2.2.2 Social and Political Sciences at Higher Educational Institutions

As addictology education at medical universities was touched on in the section above, this section reflects on the gaps that exist in addictology education in the social and political sciences departments of different Georgian universities, where future teachers, school administrators, psychologists, social workers and journalists are building their professional background.

None of the social and political sciences departments of higher educational institutions in Georgia provide bachelor's or master's courses in addictology. However, drug-related topics are superficially touched on at both bachelor's and master's levels:

Certain aspects of addictology are covered briefly by bachelor's courses in psychology and pathopsychology at one of the leading higher educational institutions; on the initiative of some professors, students of the master's course in social work prepare reports on addictology issues for conferences and seminars; the curricula of other master's courses, such as neuro-psychology, psychotherapy and behavioural counselling include drug addiction as a separate subject, but teach it briefly and insufficiently for students to gain a professional insight into the problem;

In the bachelor's course in social sciences in another advanced university, 3 two-hour meetings out of 15 two-hour meetings within the bachelor's course in applied psychology are devoted to a healthy lifestyle, including a few addictology issues. Students of the master's course in school psychology/psychological counselling, specialising in the counselling of teachers, do practical work at school. On the basis of their analysis of the problems they identify there, they select one problem and provide corresponding counselling to teachers under the supervision of university professors. According to their reports, addiction-related problems emerge in at least one school every year. But neither students nor their professors have enough expertise in addictology to guarantee the quality of these consultations.

There are no separate courses in addictology or coverage of addiction-related issues in the Departments of Journalism at the relevant universities. However, during a round of interviews with these universities' professors and deans of journalism faculties, they shared their desire to elaborate and establish a special course on Social Issues Coverage into which the subject of addictology should be incorporated. They need capacity building in addictology to guarantee the quality of this planned course.

Conclusions:

On the basis of the research findings, we can identify the following needs in connection with addictology education in the Georgian education system today:

- a need to train trainers who will provide addictology education to public school teachers within the framework of Teachers' Lifelong Education;
- a need to train university professors teaching on master's and bachelors' courses in Social Work, Psychology and Journalism to ensure their mastery in teaching addictology issues;
- a need to prepare corresponding syllabuses, curricula, and modules;
- a need to translate/adjust and also prepare literature providing trainers, public school teachers and university lecturers with the relevant evidence-based information on addictology-related issues.

3. Response to the needs of addictology education in Georgia

The study reveals that there is a lack of trained professionals in the field of addictology in the country; this is especially true regarding managers, physicians, psychologists, lawyers and social workers engaged in the drug healthcare field. The study also reveals that there are no efficient mechanisms of addictology education in place in the country. Study programmes (with different formats, scales and frames) should be developed in all the segments of the system of education in Georgia.

To respond to the needs that have been identified, a special project focused on the creation/development of institutional mechanisms of drug education in Georgia was initiated by a coalition of partners: Charles University Medical Faculty Addictology Chair (Czech Republic), the Georgian non-governmental organisation Alternative Georgia's Addiction Research Centre, and IB Euro-Caucasian University (Georgian-German Higher School). The project is funded by the Government of the Czech Republic.

In the frame of the Alternative Georgia project, under the supervision of our Czech partners, an assessment of needs and resources regarding drug education in the country was implemented, on the basis of which IB Caucasus University was selected to pilot the institutionalisation of addictology education. Charles University and

IB Caucasus University signed a memorandum of understanding on cooperation which created a legal frame for their cooperation.

A multidisciplinary task force to promote drug education in the country was created, uniting representatives of IB Caucasus University, Alternative Georgia's Addiction Research Centre, the managers of addictology service provider institutions in Georgia, representatives of the Georgian Ministry of Education and Science and relevant experts. The team is currently working on the development of drug curricula. To fill in the gaps in drug education in the country a bachelor's course in addictology is currently under preparation; it will be piloted at IB Caucasian University.

The working relationships between Charles University, Alternative Georgia and IB Euro-Caucasian University are in the process of developing ways to respond to drug education-related needs in the country.

4. Final Conclusions and Recommendations

On the basis of the findings and conclusions in the previous chapters, the authors conclude:

- it is necessary to develop a mechanism for the continuous education of professionals working at all levels of the education system;
- it is necessary to develop institutional mechanisms for the continuous education of professionals (managers, social workers, psychologists, lawyers, and addiction specialists) working in drug use-related services (treatment, harm reduction, rehab and so on);
- it is essential to prove the need for education in addiction issues of future social science specialists (especially social workers, psychologists, journalists, and teachers) and to offer and implement the corresponding mechanisms in universities;
- it is necessary to prove the need for education in addiction issues of future medical specialists (especially narcologists and family physicians) and to offer and implement the corresponding mechanisms in universities;
- it is necessary to prepare, publish and distribute educational literature on the given subject;
- education in the sphere of addictology can be provided to target groups in the following formats: bachelor's curricula, master's curricula, brief re-training courses for different specialists, brief courses for students of different specialties, and summer schools (in the Czech Republic and/or in Georgia).

The table below presents recommendations on the introduction of the appropriate training courses:

Target group	Educational needs	Format of the course	Educational setting
Bachelor's students	Basic addictology ³	Courses in the general bachelor's curricula (no bachelor's diploma in addictology can be issued).	Implemented at IB University and offered to other universities
Bachelor's and master's students in social work	Addictology	Courses in curricula	Developed and offered to other universities
Bachelor's students in Pedagogic universities	Addictology, prevention, healthy lifestyle	Relevant courses in the general bachelor's curricula	Developed and offered to other universities
Medical/healthcare – nurse/assistant physician	Drug epidemiology, substance use and public health, prevention (primary, secondary, tertiary), basics of drug use research	Courses in curricula	Developed and offered to other universities (medical schools)
Professionals in the drug field and related fields	Addictology, prevention, healthy lifestyle, interdisciplinary approach in drug services	Independent courses to increase knowledge and qualifications of working professionals	Developed and implemented at IB University
Professionals in related fields:	Addictology, prevention, healthy lifestyle	Independent courses to increase knowledge and	Developed and implemented at IB

³ Basic addictology - the content and scope needs to be defined by the bilateral team

journalists, teachers, social workers, public administrators, lawyers, et al.		qualifications.	University
Professionals in the drug field: social workers, drug counselors, drug use-related programme coordinators/managers, physicians, narcologists, and so on...	Addictology, counseling skills, interdisciplinary findings and approaches	Certified lectures included in their lifelong training and qualification system, required by the national education and qualification system	Developed and implemented at IB University
Master's students in Addictology	Core addictology	Full Master's course in addictology (the first course in the region).	Developed and implemented at IB University