

# THE ORIGIN, DEVELOPMENT, AND CURRENT STATUS OF THE HEALTH PROFESSION OF AN ADDICTOLOGIST IN THE CZECH REPUBLIC IN THE BROADER CONTEXT OF THE DEVELOPMENT OF THE ADDICTOLOGY FIELD

**Miovský M.<sup>1,2</sup>, Libra J.<sup>1</sup>, Volfová A.<sup>1,2</sup>, Gabrhelík R.<sup>1,2</sup>, Lososová A.<sup>1</sup>**

<sup>1</sup>Charles University, First Faculty of Medicine, Department of Addictology, Czech Republic

<sup>2</sup>General University Hospital in Prague, Department of Addictology, Czech Republic

## ABSTRACT

A shortage of appropriately qualified and trained practitioners to staff the emerging addiction services in the 1990s initiated a process which eventually led to the establishment of the health profession of an addictologist in the Czech Republic. In the course of time, this new profession developed into a distinctive and well-acclaimed field of expertise which went beyond its original scope and gave rise to a unique concept of a study programme against the background of an emancipating transdisciplinary field of study. It is intended to address the full scope of relevant topics, ranging from prevention, treatment, and rehabilitation to the process of natural recovery. All aspects of harm reduction strategies and methods are also given significant attention. The aim was to describe the details of the origin, development, and current status of the study programme in addictology in the context of the addictive behaviour-related developments in the Czech Republic. Another objective is to point out the changing profile of similarly-oriented study programmes and the emerging wave of interest in them internationally, including the development of the first international model curricula for this type of study at universities. The sample comprises retrieved documents and evaluation studies pertaining to the field of addictology in the Czech Republic and related studies on this discipline abroad which address the constitution of international curricula. While the development of the original concept of the discipline was influenced by the requirements of the service providers of the time, it became apparent before long that the dynamics of the development of the field had gone beyond its original scope and given rise to a brand-new concept of a study programme referred to as the "Prague Model of Addiction Studies". Subsequent comparisons showed that other countries, too, followed a similar path and that many of these programmes were similar. The Czech model is unique in its consistent structure, systematic building, and subsequent legislative grounding. In addition, a firm link between the field of study and practice, especially service providers, and a solid institutional framework for the new field have been established. Finally, in parallel with the domestic efforts, activities aimed at establishing and maintaining networks of international universities offering relevant academic programmes and developing the first international curricula have been pursued. The Czech Republic has pioneered a new model of addiction studies, and its concept of bachelor's, master's, and doctoral study programmes has become a blueprint for the development of similar programmes and the integration of the new profession within the system of addiction services in other countries.

## KEY WORDS

Study programme in addictology, profession, addictologist, field infrastructure, healthcare system

**Citation:** Miovský, M., Libra J., Volfová, A., Gabrhelík R., Lososová A. (2021). THE ORIGIN, DEVELOPMENT, AND CURRENT STATUS OF THE HEALTH PROFESSION OF AN ADDICTOLOGIST IN THE CZECH REPUBLIC IN THE BROADER CONTEXT OF THE DEVELOPMENT OF THE ADDICTOLOGY FIELD. *Profese On-line*, 14/1. 92-101. DOI: 10.5507/pol.2021.003

## INTRODUCTION

The rapid rise and development of the health profession of an addictologist has not been a haphazard process. It just eloquently expresses a truly specific situation of the field of addiction studies (addictology). This discipline may give the air of a novelty and trendiness which may result in some essential correlations being overlooked along the way. The fact that this field became integrated and emancipated only in recent history was determined by a number of factors, the discussion of which would go beyond the scope of this paper. Nevertheless, the field per se emerged and began to shape its basic framework more than 150 years ago. Each field of study is constituted by what is referred to as a field infrastructure, and a field comes into existence when there are relevant field-specific services (service providers), when it produces its own specific theory, preventive, treatment, and diagnostic methods, when it has its own research base, and when it begins to generate its own methodological procedures. Additionally, all this serves as the foundations for the institutional infrastructure consisting of dedicated professional associations, journals, study programmes, and research centres, as well as specialist institutions such as field-specific libraries (1). Addictology has gone through this process all around the globe, including, with some specific features, here, in Central Europe. While the major boom in the development of all this infrastructure occurred in the mid-20th century (2), the process of developing addictology-specific infrastructure was already initiated a few decades earlier. An alarming increase in alcohol-related problems in the first half of the 19th century, associated to a great extent with the emerging Industrial Revolution, created the need for the first specialised treatment programmes. In the European context, for example, the first of these was a treatment model conceived in Switzerland, where, in the second half of the 19th century, a residential programme was founded by Jakob Bosshard and August Forel in Ellikon (3). This programme also greatly influenced the establishment of the first alcohol treatment programmes in what is now the Czech Republic. Even while it was still part of the Austro-Hungarian Empire, in the early 20th century, a treatment facility in Velké Kunčice was founded, followed by the Tuchlov treatment institution shortly after the Great War. Interestingly, the Ellikon treatment model played a significant role in the later establishment of what became known as the "Apolinar Treatment Model", associated with Prof. Jaroslav Skála, who initiated the opening of an independent addiction treatment facility, "U Apolináře", in September 1948 (4).

Parallels to the process of the development of the addiction-specific infrastructure abroad can also be found here, in Central Europe, in our own national context. While it applies in similar terms to other countries, few of them, unfortunately, have engaged in such a thorough reflection on the field-specific history, and the integration and emancipation of addiction studies progresses at a slower pace in many of them. The oldest addiction-specific professional association in Europe is what is now the UK's Society for Study of Addiction (SSA), established in 1884. In that same year, it commenced publishing the first addiction medicine journal (today's *Addiction*), which is the flagship of this group of professional periodicals (2), the number of which soared in the second half of the 20th century, thanks to the above-mentioned growing interest in the topic and the development of addiction services. The first Czech (or rather Czechoslovak) specialist journal did not come into existence until 1963 (then as *Protialkoholní obzor*) and was marked by the first efforts to adopt specialist training programmes as part of the further education curriculum and establish a dedicated unit within what was then the Psychiatric Association (for details see 4).

Following a rather hesitant period in the 1980s, the last thirty years have seen a massive development of study programmes in addictology in almost all developed countries. In Europe,

however, this progress has remained almost unnoticed until now, and the factual extent of this wave was not made fully clear until the Czech study analysed the development of these programmes, shedding light on the trend in university education and the entire process unfolding in its context. While the initial programmes in the 1980s, established in university settings in Barcelona and Dublin (see e.g. 5), became pioneering and, for many years, isolated efforts, the two decades that followed in Europe experienced the first wave of the rise of programmes which now comprise a body of some forty university-based programmes in the whole of Europe, with UK universities standing out (in terms of number and diversity) (6). Like elsewhere in the world, a specialist training model as an addition to traditional disciplines such as psychiatry, psychology, and social work continues to be the most common approach in Europe, reflecting the traditional image of conventional professional careers in a way introduced by, for example, Griffith Edwards (7). Unfortunately, the way this process has evolved in Europe does not bear comparison with the accelerated development of specialised study programmes in the United States, where the range and diversity of addiction-related education represents a totally different picture (in terms of quantity, for example, the difference is tenfold) (8). Fascinating examples of the progress in the field are offered by regions such as Africa (9) or New Zealand and Australia (see, for example, 10 and 11). The unique nature of the Czech model does not lie only in the parameters of the programme. It is also due to the efforts of the emerging generation of addictologists and their abilities to reflect the development of their area of expertise and organise themselves (12), as well as becoming involved in dialogue with employers and educators (13). In this way, taking account of the needs of day-to-day practice, they can change the orientation of the programme as a whole and of addictologists' competences (14). Overall, this process helped to consolidate the definition of addictology (15), which is now understood as a field of study with its main focus on addictive behaviours and risks related to the settings associated with substance use and behavioural addictions. The discipline builds on knowledge from biomedicine, psychology, social, economic, and legal studies, as well as contributing its own transdisciplinary perspective on prevention, treatment, rehabilitation, and the reduction of harm associated with the consequences of addictive behaviour, including socioeconomic, legal, and criminological relations pertaining to the existence of addictive substances and behavioural addictions. In addition to its unique theoretical framework, addictology also creates its original research approaches and framework perspective on substance use and behavioural addictions.

It is critical to understand the development of the field infrastructure and its role in the introduction and development of study programmes aimed at particular specialisations (subprofessions). While much overlooked, this topic can hardly be avoided if we want to arrive at a correct interpretation of certain key moments and decisions behind study programmes and autonomous health professions (1). Thanks to the good current knowledge of the history of the field and its continuous self-exploration and interaction with the development of the discipline as a whole, the study programme in addictology can serve as a very useful case study which can be used to describe and understand the correlations and draw parallels to other health disciplines and their issues with the establishment of study programmes and professions, including their legislative grounding. Hence, this study seeks to summarise the results of previous partial evaluations and analyses covering some of the stages of the development of the study programme in addictology and the profession of an addictologist.

## METHODOLOGY

This study involved a review of historic documents aimed at the key data sources and thematically relevant topics related to the origin, development, and existence of the study programme in addictology and the profession of an addictologist in the Czech Republic. In technical terms, we used the following databases: the Charles University Central Catalogue, EBSCO, eBooks, JSTOR, Scopus, Springer, Taylor & Francis, Institute of Scientific Information, Web of Science, Charles University Electronic Journals Library, Academic Search Ultimate, SALIS, Oxford University, Science Direct, Kramerius 5, and Google Scholar.

The returned records were digitally archived, sorted, and classified according to the core thematic categories: the profession of an addictologist, study programme in addictology, addictology as a field of study, content of the education programme in addictology (curriculum), institutional field infrastructure, and addiction-specific international curricula. This systematisation was conducted using the Grounded Theory method (16), specifically its first two levels of coding (open and selective). Three main criteria for the emerging units of meaning were formulated: (a) the identification of the temporal consecution of the fundamental decisions and steps associated with the main categories of meaning, (b) identification of the key stages of the entire process and their relationship with the major factors influencing the development, course, and outcome of a given stage (such as specific decisions of the implementation team, relevant institutional changes, and legislative measures), and (c) the identification and description of the key milestones in the development of the overall qualification framework for the profession of an addictologist and its core concept and factors influencing the changes.

## RESULTS

### **Context of the first two comprehensive courses coming into existence**

For addiction services, the fall of the "Iron Curtain" meant a totally unexpected challenge, which was initially, in the early 1990s, taken up especially by non-governmental organisations. They became the main driving force behind the development of the entire new segment of care represented by what became known as "low-threshold" programmes, applying predominantly harm reduction approaches and methods (17). All this happened in the context of extremely dramatic changes in substance use and the transformation of the drug scene as a whole, discussed in some salient studies of the 1990s (18, 19, 20). Inevitably, changes in addiction services and the engagement of great numbers of new-generation professionals generated issues concerning their education and training. The previous models used in the field (such as SUR) combining psychotherapy with addictology, or conventional models of specialist training for physicians and psychologists, began to fall short of the current demand. The bridging of the gap between the health and social perspectives became a critical topic, highlighted by the dramatic acceleration of social professions, yet greatly limited by the lack of legislative grounding of this area of services at the time (the first piece of legislation addressing social services did not become effective until 2006), their totally new concept, and the total incapacity of the system that existed at the time to deal with the variability of the professions and span the gap between them and healthcare (17).

Under these conditions, from 1994 to 1997, motivated by the needs of practitioners, two comprehensive training programmes were developed independently of each other (21), indicating the first ever systematic attempt at forming a national context of education in addictology (see e.g. 22). The first course was initiated by the *Sdružení Podané ruce* non-governmental organisation (23), the other by SANANIM, also an NGO. Both courses featured

similar technical parameters, including their links to collaborating institutions providing lifelong education for health professionals (IDVZ in Brno and IPVZ in Prague). Thanks to a large-scale project, "*Drug Demand Reduction Staff Training Project*", implemented with support from the Council of Europe Pompidou Group, both courses became interlinked, and both teams decided to establish close liaison and eventually proceeded to harmonise their respective curricula. This decision and the merger of both teams subsequently led to thorough modifications and unification (in the next three years, both courses were delivered in both Prague and Brno in an aligned format), followed in 2003 by the formation of a single joint team and the resolution to move the entire curriculum forward, improve it, and have it accredited by a university as a bachelor's-level academic programme (21).

### **Bachelor's programme in addictology**

By the end of 2003, the preparatory team working on data and documents that were needed in support of the establishment of the study programme in addictology had begun to look for a suitable faculty or university, as well as, naturally, discussing the outcome profile of the study programme and the aspirations for its future orientation and legislative grounding. Three basic long-term objectives for the project were articulated (21):

- to design a general model of bachelor's, master's, and specialist levels of education in addictology;
- to provide clear definitions of requirements for qualification and specialist studies and harmonise such requirements with other health disciplines;
- to introduce a credit system covering addiction-specific education and participate in the process of integrating and recognising qualifications across similar fields in the EU, as well as being active in contributing to the development of a wider concept of addictology as an area of expertise.

These three long-term strategic objectives set by the working group reflected the general idea of the period of a hierarchical structure of prospective education in addictology based on a three-level model (21), in which a professional qualification is attained by a graduate of the bachelor's programme and a specialist qualification by a graduate of the master's programme, with a range of additional lifelong education courses (e.g. those with the status of certified courses) available to both of these levels, making it possible to pursue various subspecialisations.

The selection of the universities was narrowed down to the Faculty of Arts of Palacky University, the Faculty of Social Studies of Masaryk University, and the First Faculty of Medicine of Charles University. After all the circumstances and context had been considered, the team chose the clearly articulated offer made by the First Faculty of Medicine of Charles University, which was the closest to the notion of pursuing the programme as healthcare-specific and included a proposal for a specific solution to finding an institutional basis for the team responsible for the preparation of the programme, the prospective provision of teaching and practical training, including the practising of methods and procedures, the establishment of external collaboration with service providers needed to ensure sufficient capacities and a range of practical placements and internships, and the supervision of bachelor's theses. This gave rise in 2004 to the Centre for Addictology as part of the Department of Psychiatry of the First Faculty of Medicine, Charles University (the Centre for Addictology). Following the submission of the accreditation file and the successful completion of the accreditation process, the first entrance examinations took place and the bachelor's study programme opened for the first time in the 2005/2006 academic year (21). The field of study is conceived as a non-medical

healthcare-specific discipline, including the common core of medical courses, and was intended from the beginning to come under the group of specialisation-in-healthcare programmes. Cited throughout this paper, the first evaluation study (see also Appendices 1-3), in addition to describing the profile and orientation of the programme and the professional opportunities of its graduates, provided detailed information about the progress and structure of the studies on the basis of an account of the individual courses, the thematic relationships between them (subject lines), and the general requirements for the completion of the studies. The efforts of the entire team were crowned in 2007 with the study programme becoming legislatively grounded in Act No. 96/2004 Coll., formalising addictologists as health practitioners acquiring professional qualifications for the performance of their profession by means of a bachelor's study programme (higher levels were not addressed) in addictology. The competences of the graduates of this general level of education in addictology were established to a reasonable degree (24, 14) and, subsequently, as an unprecedented achievement, a general set of health interventions provided by addictologists in covering their core areas of work with patients was formulated and included in the schedule of rates for interventions (25, 26).

### **Master's programme in addictology**

By the end of 2006, bearing in mind the long-term strategic objectives stated above (21), the team of the Centre for Addictology had started working on the accreditation file for the follow-up master's programme in addictology. However, the discussion about its profile and grounding brought up two fundamental points, the significance of which eventually made a difference in the choice of strategy for the legislative grounding of the higher level of education in addictology and the attainment of specialised qualifications. Even though this discussion carried on for another ten years, each successive round of evaluation studies confirmed the relevance of the following two basic assumptions and limits:

- requirements for specialised qualifications are generally very rigorous in terms of practical training of health professions and appear rather incompatible with the requirement for higher theoretical education. The extent of practical training and the attainment of the standard of quality cannot be effectively associated with a two-year study programme. In addition to the immense number of lessons involved, which would be incompatible with the construction of master's programmes, this requirement collides with, and, in fact, undermines the higher theoretical level and expertise corresponding with the master's level of studies<sup>1</sup> and prospects (e.g. requirements) for a standard master's graduation thesis;
- in practical terms, it was taken into account that by no means all applicants for the master's programme in addictology are interested in clinical orientation and qualifications. This also reflects experience from abroad, where a large number of the graduates of similar master's programmes work in research or public administration, which neither has nor needs any clinical qualification. Additionally, it is noteworthy that the bachelor's programme in addictology is (as of 2021) the only type of study where a professional qualification in the field can be attained in the Czech Republic and thus lacks the capacity to produce on its own a sufficient number of suitable applicants for the master's programme. To insist on the notion of the majority or all the graduates of the bachelor's level automatically taking up the master's programme means to devalue the quality of this higher level of university studies.

---

<sup>1</sup> For details see, for example, the deliverables of Project Q-RAM3, Reg. No. CZ.1.07/4.200/06.0027.

The two-year master's programme was thus eventually accredited in 2007 as a special-interest theoretical programme open to both graduates of the bachelor's programme in addictology and graduates of other relevant bachelor's programmes (such as Psychology, Nutrition Therapy, General Nursing, and Social Work). The completion of the master's studies provides no further qualifications. For addictologists who have attained their professional qualification, the master's programme became a way of achieving the necessary higher level of theoretical expertise in their field and the compulsory prerequisite for their entry into postgraduate specialist education; the specialist qualification of a clinical addictologist is totally separate from the master's studies (27). It should be noted with appreciation that the higher demands for clinical addictologists' competences (24) were formulated very well, fully in line with the rather strict demands for the course of specialist training, which appear totally incompatible with the standard two-year academic programme. The entire process of the shaping of both levels of study was gradually cultivated, homogenised, and critically reflected upon in the years that followed, and the final form, topped by the establishment of the doctoral programme, became known as the "Prague Model of Addiction Studies" (17, 15). Practical experience from the years that followed, graduate surveys, and other ways of looking back at the development of the discipline seem to support the correctness and appropriateness of the previous decisions as to how to construct and set the individual qualification levels, including their legislative grounding and links to day-to-day practice, in terms of the bridging of the gaps and interaction between the process of education and practical training on the one hand and the labour market and employers' situation on the other hand (e.g. 28, 9).

### **Postgraduate doctoral programme in addictology**

The quick and successful establishment and stabilisation of the bachelor's and master's study programmes in addictology naturally led to the notion of bringing the process of the shaping of the new academic programme to the uppermost, doctoral level. The main driving forces behind this idea included the strong focus on addiction research of the original Centre for Addictology and the establishment of an independent department in 2012 (today's Department of Addictology, First Faculty of Medicine, Charles University, and General University Hospital) providing teaching, staffing, technical, and clinical support for the field of addictology (4). The accreditation file and the process of the accreditation of the postgraduate study programme "Specialisation in Health Care – Addictology" were completed in 2012. This programme was first opened and the first doctoral students enrolled in the 2012/2013 academic year.

In 2013 the further development of the doctoral programme in addictology received two-year support from a project under the Sixth Call of the Prague – Adaptability Operational Programme, co-funded by the European Social Fund. The aim of the project activities was to enhance the postgraduate programme, in particular to strengthen its biomedical component and generally foster its link to biomedical disciplines. One of the objectives of the project was the further advancement of collaboration with foreign institutions in research and development through internships and practical training for students, academics from among health professionals (exchange of best practices through internships), and fellowships of foreign academic workers. In addition, specific activities were promoted in order to make the students more competitive in publishing in both domestic and international professional journals. A useful element of the project was the liaison between the General University Hospital in Prague and the First Faculty of Medicine of Charles University. The field of addictology is undergoing dynamic development and the doctoral programme must progressively respond to trends in

international research (typically, for example, the introduction and influence of state-of-the-art imaging methods or the emergence of epigenetic studies in addictology) and postgraduate education. Another project, under the Research, Development, and Education Operational Programme administered by the Ministry of Education, made it possible to innovate the research-and-development element of the doctoral study programme in addictology.<sup>2</sup>

Despite its dynamic development, the postgraduate programme continues to pursue its original concept (17) and builds on the framework determined by the previous lower levels of education and, at this uppermost level, constitutes the basis for research-oriented expertise and academic work in the field of addictology (15). The postgraduate programme, named *Addictology: Specialisation in Healthcare*, is now accredited until 2030 in the English language too, making it possible for foreign students to join the Czech and Slovak doctorands. In its current design, the postgraduate programme prepares the students for their future careers in academic, clinical, and development (information and communication technologies, such as eHealth and mHealth) research settings, covering both substance and non-substance (process) addictions. Underpinned by a transdisciplinary approach to addiction, the programme places an emphasis on knowledge and competences in relation to the latest research methods and data analysis, research ethics, effective and successful communication of scientific results, and the transfer and implementation of research evidence in practice. The standard length of the study programme is four years and it is provided on both a full-time and part-time basis.

### **Internationalisation of Study Programmes in Addictology**

A thorough reflection on the development of the field (28, 17) identified the major task of accelerating the internationalisation of the domestic efforts and their links to international developments and general changes in the field. Logically, this particularly concerned the doctoral programme, the changes and development of which were also sped up thanks to the project support. Nevertheless, it was essential also to reflect these considerations in the levels of undergraduate and graduate education and clinical training. The first part of this process was already commenced in the previous period thanks to a large national project, NETAD,<sup>3</sup> and its positive effects on the internationalisation of the field. The key moment in this sense, however, was the establishment in 2016 of the ICUDDR,<sup>4</sup> an international association of universities, and the intensification of cooperation with the largest global professional association concerned with addictions, ISSUP.<sup>5</sup> For the Czech Republic, this meant not only the affirmation of its truly unique path of the development of this intriguing field of study (by being a founding member in the former case and having its representatives in the management of both organisations), but also participation and involvement in the development and dissemination of the first international addiction-specific curricula. Its key concept being consolidated and elaborated on the basis of the above-mentioned reflections (Table 1), the Prague Model of Addiction Studies began to be enriched and complemented with topics and perspectives which were identified as having been underrepresented or even missing.

---

<sup>2</sup> Project No. CZ.02.2.69/0.0/0.0/16\_018/0002489 (implementation period 2017-2022)

<sup>3</sup> Reg. No. CZ.1.07/2.4.00/17.0111 OP VK

<sup>4</sup> [www.icuddr.com](http://www.icuddr.com)

<sup>5</sup> [www.issup.net](http://www.issup.net)



**Table 1** Framework for addiction education at three general study programme levels (15)

		<b>Micro setting/level</b>	<b>Macro setting/level</b>	<b>Meta setting/level</b>
		Bachelor's programme	Master's programme	Doctoral programme
<b>Risks</b>	Mental Health	Addictological case management and addictive behaviour	Clinical management and mental health work	Clinical research into addictions and addictive behaviours
	Public Health	Healthcare framework and harm reduction	Management of public health systems and services	Evaluation and investigation of public health interventions
	Setting	Criminological, social, biomedical, and psychological factors in case management	Management of criminological, social, biomedical, and psychological factors	<b>Transdisciplinary</b> research into risk and protective criminological, social, biomedical, and psychological factors in the context of environmental risks

For several years the Czech curriculum was thus critically reviewed against international ones. In the first phase (reflected in the re-accreditation of the study programmes from 2017 to 2019), the UTC (Universal Treatment Curriculum) and UPC (Universal Prevention Curriculum) were implemented. Prevention received much closer attention, as the evaluation identified the greatest weaknesses of the domestic BA and MA curricula as being in that domain particularly (29). Innovations and new courses also reflected the most recent trends in digitalisation and the enhancement of e-learning teaching platforms. In 2020, for example, we launched an online course, Introduction to Evidence-based Prevention (INEP), which follows the principles of best practices in prevention education. Created as a comprehensive web-based course with an improved educational "flow", this e-learning facility contains a large number of videos, voiced presentations, literature, review questions, and a final test. Providing the latest evidence on prevention in 40 lessons, the INEP is a part of undergraduate and graduate education not only in addictology, but also in other fields of study at Charles University, as well as elsewhere in the Czech Republic and abroad. It should be pointed out that the INEP is also accessible instantly to people outside the academic sector, to all those who are interested, free of charge, in both Czech<sup>6</sup> and English.<sup>7</sup> The course has no start or end date. The students work at their own pace. As the main creators of this activity conceived as an element of open access learning, we intended to contribute to the further cultivation of the field of addiction studies.

## **DISCUSSION AND CONCLUSION**

A significant point in considering the unique character of the Czech model is the overall national context of the history of addiction studies, which was not reflected upon and appreciated enough in the past. It is truly unique, with the original sources of local addictology studies constituting a constantly developing framework dating back some 150 years (17). It is underpinned by a self-help tradition featuring parallels to modern recovery concepts, followed by the development of professional abstinence-oriented services, which were added to in the 1990s by services based on the philosophy of harm reduction approaches (29). Reflecting various models of the provision and operation of addiction services, including the unique concept of quality policy (31, 32), this robust and reasonably well-balanced framework is a

<sup>6</sup> <https://mooc.cuni.cz/enrol/index.php?id=60>

<sup>7</sup> <https://mooc.cuni.cz/course/view.php?id=50>

determining element complemented with a second line, involving a very early impulse for the self-organisation of the field manifested by the establishment of an independent section within the Psychiatric Association and a dedicated journal (4, 29). In addition, there is the educational line, dating back to the 1960s. Hence, the concept of a university programme resulted from this complex process running through several generations of professionals building the field, with many of them not even being aware of the concept or able to reflect on it.

Another significant step was the very quick emancipation of the new profession of an addictologist, which soon showed self-organising activities leading to the establishment of the profession's own professional association, the Czech Association of Addictologists (ČAA), and a mirror organisation at the student level, the Czech Association of Addictology Students (ČASA, 30). Since the very beginning, this major expansion of the existing field infrastructure (29) has had a significant influence on the development of the study programme at all three of its levels and has had positive implications for the employer/service segment (12). This was particularly obvious during the development and establishment of the specialised qualification of a clinical addictologist (27).

Apparently, the diversity and professional affiliation of addiction workers creates the need for a dialogue about a general educational framework, as the profession of an addictologist is just one of many professions involved in addiction services, and by far not the most common in comparison with nurses or social workers. Despite the first attempts (e.g. 22) at opening such an interprofessional dialogue and drawing up the first consistent integrative proposals (e.g. 28), the overall level of communication about this issue is insufficient.

Although foreign cooperation has been essential for the team responsible for the study programme in addictology since the early days of the existence of the Centre for Addictology, it goes without saying that the transfer of know-how from abroad to the Czech Republic was vital in the first years. Inspiration was sought, for example, in two- and three-year addiction counselling programmes in the USA (California), and liaison with UCLA (University of California) led to the translation of a fundamental introductory textbook, *Addiction Counselling* (33). By 2008, nevertheless, the first major international partnerships and projects also involving the transfer of our know-how to other countries had been initiated. One of the first major collaborations was a series of projects carried out with our colleagues from Georgia, where in 2009-2012 a master's programme in addictology drawing on the addictology curriculum and model adopted at the First Faculty of Medicine was finally established as part of the Developing Institutional Mechanisms for Addictology Education in Georgia project, supported by the TEMPUS funding scheme (34). There were many other projects and unfolding partnerships in Europe, the USA, and other countries (for details see 35, for example). However, the above-mentioned engagement within the emerging ICUDDR association and the ISSUP professional organisation was crucial for the internationalisation of the study programme in addictology. Here, the Czech team promoted and led the development of an independent supporting programme for prospective and newly-implemented university-level addiction studies. This included the creation of guidelines and an extensive international programme, Champions Forum, intended for the exchange of know-how on the basis of universities sharing their best practices and addiction education models.

For the future, the key progress in the field is represented by the above-mentioned international training curricula (UPC/UTC/URC) and, in particular, their actual university implementation and the prospective quality criteria. While the discussion and development processes have been commenced, efforts such as the recommended learning outcomes defined by SAHMSA (36) have not been sufficiently heeded and responded to by university

educators delivering addiction programmes. This area of collaboration is also associated with the first global attempt at devising an independent credit system as part of a certifying examination. Based strictly on the UPC and UTC international curricula, the system makes it possible to pass an international examination for a basic fee and thus receive a certificate already recognised by some countries. The system is operated by the GCCC,<sup>8</sup> an organisation that works together closely with the ICUDDR and ISSUP. The major limitation, however, is a strong link to both curricula and the fact that in the past universities developed their own curricula and the harmonisation process takes time. Moreover, different countries have different traditions in the general orientation and thematic focus of their study programmes and their national legislation covering regulated professions also varies.

With its interconnection of theoretical models, practice, and research and development, the Czech concept of the discipline studying addictions and related phenomena can be regarded as unique and rather inspirational for other countries too. This is supported by an annual increase in the number of applicants for all the levels of education in addictology (some 400 individuals in the bachelor's programme and 80 in the follow-up master's programme; for details see 37, for example) and graduates entering practice. Historically, as of April 2021, the bachelor's level of the study programme had been completed by a total of 367 individuals, the follow-up master's programme by 212 graduates. High-quality education in addictology is the key to increasing the standard of expertise in the entire area of interest, as well as strengthening the field in itself. The discipline is undergoing a global dynamic development, and efforts to engage in discussions, share experience, and promote consistency, in the form of uniform curricula for university-based study programmes in addictology, for example, can be seen. Being a part of the steps forward and integrating them, the Czech academic programme keeps abreast of these developments. The Czech Republic has pioneered a new model of addiction studies and its bachelor's, master's, and doctoral study programme models have become a blueprint for the development of similar programmes in other countries and for the embedding of the new profession within the system of addiction treatment services. This goes hand in hand with its unique concept of the education of addictologists covering the full scope of addictology as a field of study, i.e. from prevention, treatment, and aftercare to harm reduction and related areas, and the preparation of transdisciplinary professionals who respond to the demands of practice and move it forward in a way that is respectful of the individual needs of the target groups of addiction services. Indeed, this is an approach that needs to be embraced in addictology, whether we talk about partial models of study or globally adopted universal curricula.

## **ACKNOWLEDGEMENTS**

We would like to thank the team of the Centre for Addictology, First Faculty of Medicine, Charles University, and General University Hospital for their systematic work on the development of the original addictology curriculum, especially Kamil Kalina, Hana Fidesová, Lenka Šťastná, Jaroslav Vacek, Jaroslav Šejvl, and Adam Kulháněk. We also want to acknowledge the support from the General University Hospital in Prague and the First Faculty of Medicine of Charles University, including their collaboration on the postgraduate programme. Last but not least, our thanks go to our colleagues from the ICUDDR and ISSUP teams for their support and assistance. This paper received institutional support from Charles University as part of the project PROGRES No. Q06/LF1.

---

<sup>8</sup> <https://www.globalccc.org/certifications/>

## REFERENCES

1. Miovský M, Vondrová A, Peters R, Kathungu B, Lososová A. National Addiction-Specific Institutional Infrastructure – fundamental prerequisite of successful implementation of specialized academic degree study programmes. *Cent Eur J Public Health*. 2019 Dec;27(Suppl):S83-S91.
2. Babor TF, Morisano D, Noel J, Robaina K, Ward JH, Mitchell AL. Infrastructure and Career Opportunities in Addiction Science: The Emergence of an Interdisciplinary Field. In: Babor TF, Stenius K, Pates R, Miovský M, O'Reilly J and Candon P. (eds.) *Publishing Addiction Science: A Guide for the Perplexed*. London: Ubiquity Press; 2017. pp. 9-34.
3. Šejvl J, Gavurová B, Barták M, Mašlániová M, Miovský M. First alcohol treatment institutions in today's Czech Republic and Slovak Republic. *Cent Eur J Public Health*. 2019;27(Supplement):S55-S65.
4. Miovský M, Popov P, Šejvl J. *Klinika adiktologie „U Apolináře“ v perspektivě 70letého vývoje [The “U Apolináře” Department of Addictology from the Perspective of the 70 Years of its Development]*. Havlíčkův Brod: ALBERT Press; 2018.
5. Butler S. Addiction counsellors in the Republic of Ireland: Exploring the emergence of a new profession. *Drugs: Education, Prevention and Policy*. 2011;18(4):295-302. Available from <http://www.tandfonline.com/doi/full/10.3109/09687637.2010.519360>.
6. Pavlovská A, Miovský M, Babor TF, Gabrhelík R. Overview of the European university-based study programmes in the addictions field. *Drugs: Education, Prevention and Policy*. 2017;24(6):485-491.
7. Edwards G (Ed.). *Addiction: Evolution of a specialist field*. Oxford (UK): Blackwell Publishing; 2002.
8. Pavlovská A, Peters RH, Gabrhelík R, Miovský M, Sloboda Z, Babor TF. Overview of the university-based addiction studies programmes in the United States. *Journal of Substance Use*. 2019;24(1): 55-60.
9. Lososová A, Johnson KA, Sinkele W, Obot IS, Miovský M. Overview of university-based academic programs in addiction studies in Africa. *Journal of Substance Use*. 2021;26(1):102-106.
10. Addiction Practitioners' Association Aotearoa-New Zealand. *Addiction Intervention Competency Framework: A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention*. Wellington: DAPAANZ; 2011. Available from <https://www.dapaanz.org.nz/vdb/document/22>.
11. Adams PJ, Sellman D, Newcombe D, Adamson S, White S, Deering D, et al. Postgraduate alcohol and other drug practitioner training in New Zealand: Significant Influences. *Journal of Studies on Alcohol and Drugs*. 2017;78(3):468-474. Available from <https://www.jsad.com/doi/full/10.15288/jsad.2017.78.468>.
12. Lososová A, Svěčená K, Miovský M. Zkušenosti zaměstnavatelů s uplatněním profese adiktologa [Employers' experience with engaging addictologists]. *Adiktol. prevent. léčeb. praxi*. 2020a;3(1):22-30.
13. Lososová A, Volfová A, Fidesová H, Miovský M. Význam a role České asociace adiktologů v oboru adiktologie [The importance and role of the Czech Association of Addictologists in the field of addictology]. *Adiktol. prevent. léčeb. praxi*. 2020b; 3(3):150-158.
14. Volfová A, Lososová A, Miovský M. Kompetence absolventa bakalářského studijního programu adiktologie: obsahová analýza sylabů v akademickém roce 2018/2019

[Competences of a Graduate of the Bachelor's Study Programme in Addictology: Content Analysis of the Syllabi in the 2018/2019 Academic Year]. *Adiktol. prevent. léč. eb. praxi.* 2020; 3(4):192-202.

15. Miovský M, Gabrhelík R, Libra J, Popov P, Pavlovská A, Kalina K, et al. The Prague Comprehensive Model of Academic Addictology (Addiction Science) Education. *Adiktologie.* 2016;16(1):36-49.
16. Strauss AL, Corbin JM. *Grounded Theory in Practice.* London: SAGE Publications, Inc.; 1991.
17. Miovský M, Miller P, Grund JP, Běláčková V, Gabrhelík R, Libra J. Academic education in addictology (addiction science) in the Czech Republic: Analysis of the (pre-1989) historical origins. *Nordic Studies on Alcohol and Drugs.* 2015;32(5): 527-538.
18. Tyrlík M, Zuda T, Bém P, Power R. *Rapid Assessment of the drug use situation in Czech Republic.* Vienna: UNDCP; 1996.
19. Bullington B, Zábranský T. *Journal of Drug Issues. Special Issue.* 2007. 34(3).
20. Miovský M. Changing patterns of drug use in the Czech Republic during the post-communist era: A qualitative study. *Journal of Drug Issues.* 2007; 37(1):24-36.
21. Miovský M. Zdravotnický obor adiktologie: reflexe vzniku, současného vývoje a budoucího směřování kvalifikačního studia [The Health Discipline of Addictology: Reflections on the origin, recent developments, and future orientation of the specialized academic programme]. *Adiktologie.* 2007;7(2):30-45.
22. Radimecký J. Celoživotní vzdělávání v oboru adiktologie [Lifelong Education in Addictology]. *Adiktologie.* 2007;7(2):46-57.
23. Miovský M, Bartošíková I. Systém vzdělávání nezdravotnických pracovníků v oblasti léčby závislostí [A System of Training for Non-Health Practitioners in the Field of Addiction Treatment]. In: A paper presented at the 5<sup>th</sup> National Society for Addictive Diseases and AT Conference, Bílá Voda, 1998.
24. Ministry of Health of the Czech Republic. Decree No. 391/2017 Coll., amending Decree No. 55/2011 Coll., on the activities of health professionals and other practitioners, as amended by Decree No. 2/2016 Coll.
25. Ministry of Health of the Czech Republic. Decree No. 421/2013, amending Decree of the Ministry of Health No. 134/1998 Coll., issuing the list of health interventions with point values, as amended.
26. Sklenář O. 919 – Zdravotní výkony adiktologa [919 – Health Interventions of an Addictologist]. *Adiktologie.* 2013;13(1):4-5.
27. Vondrová A, Oktábec Z, Janouškovec V. Zastavení na cestě ke klinickému adiktologovi [One Stop on the Way to Becoming a Clinical Addictologist]. *Adiktol. prevent. léčeb. praxi.* 2018;1(1):39-41.
28. Miovský M, Kalina K, Libra J. Education in Addictology in the Czech Republic: the Scope and Role of the Proposed System. *Adiktologie.* 2014; 14(3):310-328.
29. Miovský M, Vondrová A, Peters R, Kathungu B, Lososová A. National addiction-specific institutional infrastructure – fundamental prerequisite for successful implementation of specialized academic degree study programs: a case study in historical perspective. *Cent Eur J Public Health.* 2019 Dec; 27(Suppl):S83-S91.
30. Česká asociace studentů adiktologie. Stanovy spolku [Czech Association of Addictology Students: Articles of Association]. Praha. 2015. Available from <http://www.addictology.net/o-nas/stanovy/>

31. Mravčík V, Pešek R, Horáková M, Nečas V, Škařupová K, Šťastná L, et al. Výroční zpráva o stavu ve věcech drog v České republice v roce 2009 [Annual Report on the Drug Situation 2009 – Czech Republic]. Praha: Úřad vlády České republiky; 2010.
32. Griffiths P, Ferri M. Good Practice and Quality Standards. In: N. el-Guebaly et al. (eds.), Textbook of Addiction Treatment: International Perspectives. Springer-Verlag Italia; 2015. pp. 1337-1359.
33. Miller(ová) J. Adiktologické poradenství [Addiction Counselling]. Praha: Galén; 2011.
34. Kirtadze I, Otisshvili D, Javakhishvili DJ. Analýza potřeb v oblasti adiktologického vzdělávání v Gruzii [Educational Needs in the Sphere of Addictology in Georgia]. Adiktologie. 2011;(11)1:52-60.
35. Miovský M. Obor adiktologie v mezinárodním kontextu [Addictology in the International Context]. Editorial. Adiktologie. 2016;16(3):196-203.
36. Substance Abuse and Mental Health Service Administration (SAMHSA). Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. Technical Assistance Publication (TAP) Series 21. Rockville, MD; 2006. Available from <https://store.samhsa.gov/shin/content/SMA12-4171/SMA12-4171.pdf>
37. Svěčená K, Volfová A, Vacek J, Lososová A. Profil uchazečů o studijní obor adiktologie v roce 2019/2020 [A Profile of Applicants for the Addiction Studies Programme in 2019/2020]. Adikt. prevent. léčeb. praxi. 2020; 3(2):78-87.

#### **CORRESPONDING AUTHOR**

Professor Michal Miovský, PhD  
Charles University  
First Medical Faculty, Department of Addictology  
Apolinářská 4  
Prague 2, 128 00  
michal.miovsky@lf1.cuni.cz