Department of Addictology
First Faculty of Medicine and General University Hospital in Prague
Charles University in Prague

Master class 1: Initiating a new program on drug demand reduction, identifying champions, engaging students and other factors critical in new program development

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ICUDDR Track for academics and academic institutions
Nairobi, Kenya; December 11, 2018

1. Initiating a new program on DDR

1. What are the fundamental requirements and conditions what have to be discussed for planning and opening new academic study program?
2. Who has responsibility for what and how can be defined roles and positions of key players?
3. Preparing of academic implementation: recommendable steps and procedures (what is good to have on your map).
4. Doing academic implementation: what can you expect and how to avoid troubles.
5. Sustainability of your academic program: how to make it stabile and how to engage key stakeholders.

Note: ICUDDR activity for 2019-2020: Implementation manual.

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The Czech Republic: a case study

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1.2. Initiating a new program on DDR

What are the fundamental requirements and conditions what have to be discussed before planning / opening new academic study program (A part: national and university context)?

1. **National epidemiology in addictions:** (a) availability, (b) quality of data sources, (c) visibility for policy makers, (d) visibility for media = **who cares about your issue and who is really involved and how?**
2. **Needs Assessment** for establishing and developing new academic program: (a) is it done? By whom and how?, (b) Is is available and discussed? Where and how?
3. Who are your real **supporters on your university**? Rector, dean, academic senate, departments? How and where was the idea discussed on academic platform and with what results? How is this support sustainable?

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1.3. Initiating a new program on DDR

What are fundamental requirements and conditions have to be discussed for planning and opening new academic study program (B part: crucial national networking)?

1. **National professional society of addiction professionals:** (a) does exist or somethings similar?, (b) do you have support by your Professional Society (formal, informal, real?)
2. **Employers/providers in the field:** (a) how intensive is your collaboration? Do you have “a map of services” (what kind of services, for whom, where, staff, potential place for graduates)? What do you know about their needs and ideas related to your academic program and generally to staff issues (qualification, quality, skills, competencies)?
3. What is your **institutional (esp. governmental) support**? National Drug Commission? Ministries? Local government?

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2.1. Initiating a new program on DDR

Who has responsibility for what and how can be defined roles and positions of key players?

1. ICUDDR can (a) help with curricula (UPC/UTC/URC and others), (b) training for teachers in some curricula, (c) implementation manual and support (under development and discussion – necessary to make it clear).
2. Your team and department and university. Other academic institutions, libraries etc.? National professional Journal?
3. National key institutions (Drug Commission, Ministries, Government…),
4. Professional Societies.
5. Service providers/employers: governmental, NGOs, private?
6. Patients/clients (association?) + self-help groups.
7. Public and media.

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3.1. Initiating a new program on DDR

Preparing of academic implementation: recommendable steps and procedures – **part A** (what is good to have on your map).

1. Definition of learning outcomes according to your needs (employers/services, labour market etc.).
2. Curriculum: UTC/UPC/URC or others? Or your own?
3. Do you have enough support and skills for accreditation procedure? (technical project and procedure step by step).
4. Human sources: academic team and internal assessment (skills, qualifications, enthusiasm and encourage).
5. Clinical internship: where, how, parameters….
6. Where is your target population of potential students? What is their profile? How to promote your program and inform these groups? How make your program visible and attractive to these groups? Any idea?

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3.2. Initiating a new program on DDR

Preparing of academic implementation: recommendable steps and procedures - **part B** (what is good to have on your map).

1. What your graduates will do (can do) in practice? Description of labour market, real working positions, attractiveness, visions – who knows about your visions and who these visions share with you in your country? Who will employ your graduates and where and how?
2. Legislation and formal background for your graduates? Under discussion? Any visions and plans?
3. Any idea about quality standards and policy for workforce in your country? Any visions and plans?
4. Financial and economical aspects (for preparing but also for operating your program).
5. How to link your study program to science and research?

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4.1. Initiating a new program on DDR

Doing academic implementation: what can you expect and how to avoid troubles (part A):

1. **Balancing** between economical interests, university rules, ambitions, expectations of colleagues from the field, expectations of the students and graduates….
2. **Creating stabile internal structure:** (a) intervision and supervision, (b) team support and development (internal trainings, courses etc.), (c) students tutorial, (d) doing national networking and making your mission understandable and visible, (e) engage your students (how to involve your students into the creative process and decision making and participating on developing process = e.g. students association, students conferences, system of tutors etc.).

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4.2. Initiating a new program on DDR

Doing academic implementation: what can you expect and how to avoid troubles (part B):

1. **Create stabile external structure and partnerships:** (a) be a stabile and positive partner for **professional societies** and (b) **employers** and show them advantages linked to your function, role and position, (c) **patients/clients** associations. This is the key to your success – they need you and you need them = **key symbiosis and strategical partnership**. If you don't you have your national representatives in this field? The challenge is to be the initiating body. At the same time it has many advantages to participate on such an important process.
2. ERASMUS program for students and teachers.
3. International partnerships? (ICUDDR, ISSUP etc.)

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5.1. Initiating a new program on DDR

Sustainability of your academic program: how to make it stabile and how to engage key stakeholders.

1. How to be a useful partner in science? (needs assessments, epidemiology, evaluations etc.)
2. How to be a useful partner in national drug policy? (providing expertness etc.)
3. National Quality policy and standards for services and workforce + legislation background for the profession.
4. Surveys focus on graduates (and employers): what they do, how, where, what is their job description etc. = continual dialog.

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II.
Professional societies as a strategical tool for engaging students and energizing your field

Case studies

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6. Students Association

What is the function of students association and why to establish and support it?

1. Engaging and energizing students.
2. Make a clear their active role and creative partnership.
3. Inviting students to creative process brings new ideas, energy and motivation etc.
4. Students can invest time and energy into your hard work like internal evaluation, peer to peer feedback and support, they can work your projects through their diploma work etc.
5. Students can bring new ideas and initiate new ERASMUS contracts and help with managing it.
6. Students can refresh your internal training and education activities and can improve team spirit and atmosphere…
7. Anna and her case study presentation: the CASA.

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7. National Professional Association

To be part of the wider structure or to develop own and independent professional society for your graduates?

1. **All 3 models are possible:** (a) follow existing structure of national professional societies sorted by original professions, (b) create a special professional society for your graduates and make a profile of new profession and professional identity for such a body and profession, (c) create an interdisciplinary based addiction specialty professional society shared by all relevant professions.
2. Amalie and her case study presentation: the CAS.

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III.
Identifying champions

ICUDDR turn

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8. How to learn from each other?

Our work and experiences and different models represent unlimited key source but we need to have enough courage, openness and willingness in sharing these data:

1. Diversity is not a weak!
2. Creativity and different approach is not lack of loyalty!
3. Regional and cultural differences are expectable and logical. We have to respect it because of different needs, policy, services, traditions etc. Think globally, act locally ☺
4. We need more real evaluations conducted according to research standards and procedures and we need to publish these studies and make it available = **examples of good practice, examples of different models, different implementation strategies, different cultural perspectives etc.**

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8.1. The oldest European academic education programs e.g. on Trinity College in Dublin (est. 1983)

Drugs: education, prevention and policy, August 2011; 18(4): 295–302
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Addiction counsellors in the Republic of Ireland: Exploring the emergence of a new profession

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This article reviews the emergence and expansion of addiction counselling as a specialist form of professional practice with problem drinkers and drug users in Ireland, over the past 30 years. It sees addiction counselling as having its roots in a widely shared disenchantment with the 'medical model' of addiction treatment, and identifies the main factors which

quite unprepared for what would later be referred to as Dublin's 'opiate epidemic' (Butler, 1991; Dean, O'Hare, O'Connor, M. Kelly, & G. Kelly, 1985) – the appearance, for the first time, of substantial pockets of injecting heroin use in some of the city's more economically deprived and socially marginalized neighbourhoods. The persistence of this form of drug

8.2. The evaluation study from New Zealand

Postgraduate Alcohol and Other Drug Practitioner Training in New Zealand: Significant Influences

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ABSTRACT. Objective: The purpose of this article is to present a case study of the evolution of postgraduate-level training programs for alcohol and other drug (AOD) practitioners provided by two universities in New Zealand. **Method:** The case study compiles details on relevant treatment contexts and systems in New Zealand and key milestones and significant developments in postgraduate AOD practitioner programs in two locations over a 30-year period. The details were compiled by the authors, all of whom were closely involved with the development of the training programs. **Results:** The key ingredients for success that were identified included a focus on specialized learning overlaying generic undergraduate professional training; a core commitment to practice-oriented teaching; investment in the training by government bodies; and the parallel emergence of professional bodies, registration systems, and collaborative relationships across agencies. In a small country, the two programs have enabled 345 students to obtain specialist postgraduate qualifications in AOD practice over a 10-year period. **Conclusions:** Little could have been achieved without ongoing cooperation between education providers, government agencies, and AOD services. This history may be of interest to those in other locations attempting to establish nation- or statewide approaches to AOD practitioner training. (*J. Stud. Alcohol Drugs, 78,* 468–474, 2017)

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8.3. …perfect lesson from South Africa

Int J Ment Health Addiction
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Improving Addiction Care in South Africa: Development and Challenges to Implementing Training in Addictions Care at the University of Cape Town

Sonja Pasche · Sharon Kleintjes · Don Wilson · Dan J. Stein · Bronwyn Myers

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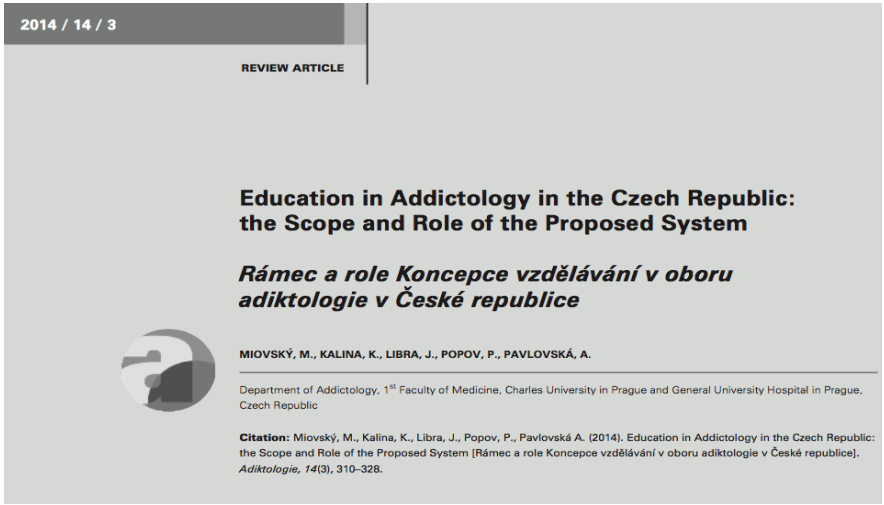
Abstract South Africa has a high lifetime prevalence of substance use disorders, estimated at 13.3% of the general population. Despite this high prevalence, treatment rates remain relatively low compared to need. A key reason for low treatment rates is the lack of expertise among professionals for the detection and treatment of substance use disorders and the limited size of the addiction care workforce. Workforce development is thus essential for the implementation of a comprehensive strategy to reduce substance-related harm within South Africa. In response to this need, the University of Cape Town has introduced a Postgraduate Diploma in Addictions Care and a Master of Philosophy in Addictions Mental Health. These postgraduate

8.4. Prague model of addiction studies

Miovsky, M., Kalina, K., Libra, J. (2014). **Education in Addictology in the Czech Republic: the Scope and Role of the Proposed System**.
Adiktologie 14(3), 310-328.

Miovsky, M., Gabrhelík, R., Libra, J., Popov, P., Pavlovska, A., Kalina, K., Miller, P. M., Grund, J.-P. C. (2016). **The Prague Comprehensive Model of Academic Addictology (Addiction Science) Education**.
Adiktologie, 16(1), 36-49.

Both papers available on ResearchGate profile:
https://www.researchgate.net/profile/Michal_Miovsky


2014 / 14 / 3

REVIEW ARTICLE

Education in Addictology in the Czech Republic: the Scope and Role of the Proposed System

Rámec a role Koncepce vzdělávání v oboru adiktologie v České republice

MIOVSKÝ, M., KALINA, K., LIBRA, J., POPOV, P., PAVLOVSKÁ, A.

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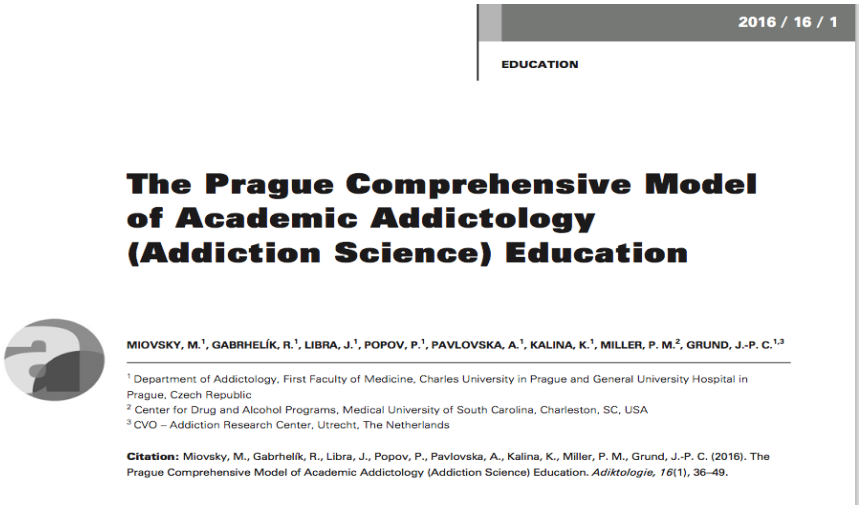
2016 / 16 / 1

EDUCATION

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

MIOVSKY, M.[1], GABRHELÍK, R.[1], LIBRA, J.[1], POPOV, P.[1], PAVLOVSKA, A.[1], KALINA, K.[1], MILLER, P. M.[2], GRUND, J.-P. C.[1,3]

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New ICUDDR website component

- http://www.icuddr.com/

- Examples of good practice: a new database
- Planned launching in Cusco (Peru) in July 2019.
- Call for your published evaluations and additional readings (supplementary materials): especially more complex examples are welcome.
- Workshop based learning for our further meetings?

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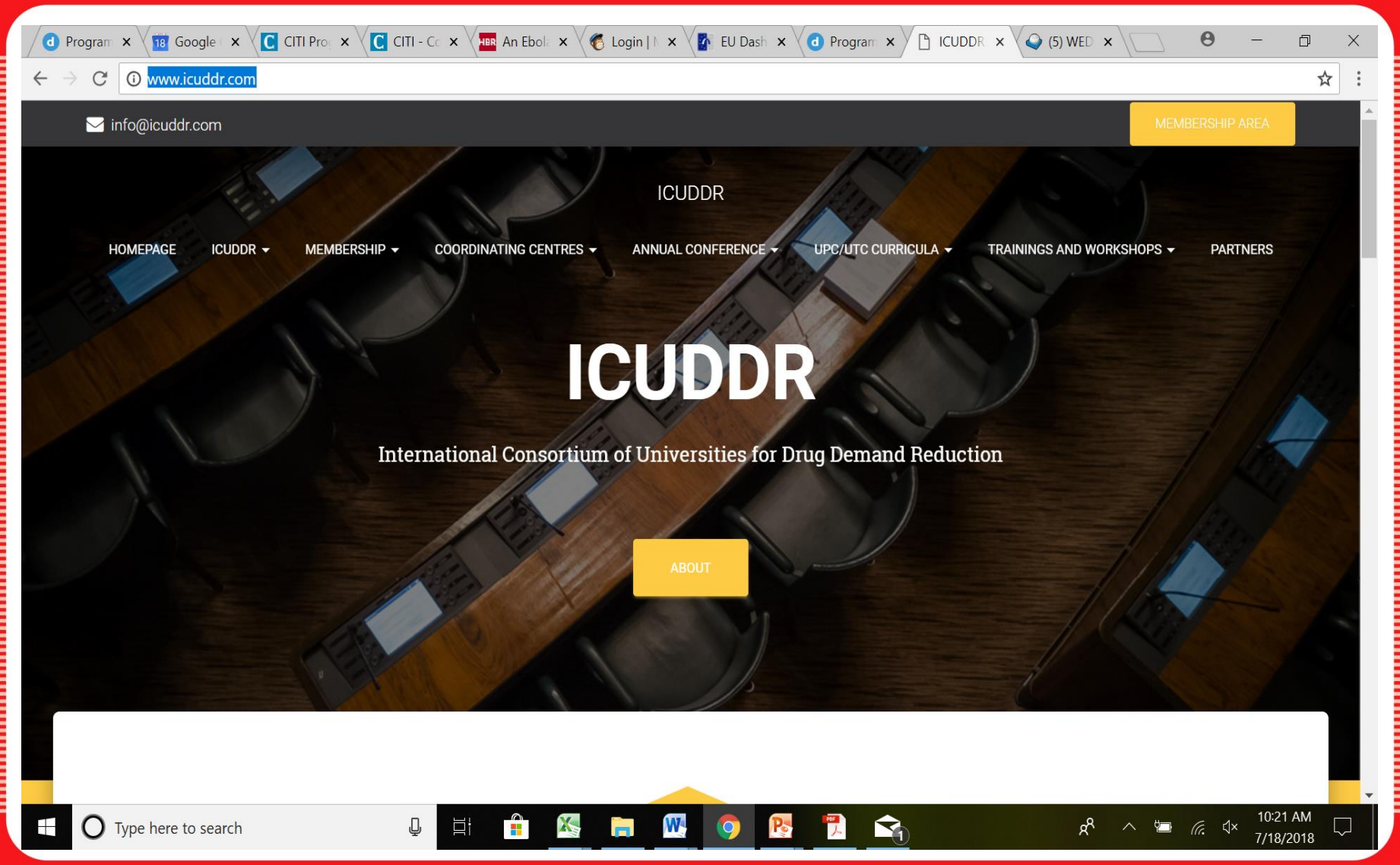
Websites on www.icuddr.com



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IV.
Discussion

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Univerzita Karlova v Praze

Thank you for your attention

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