

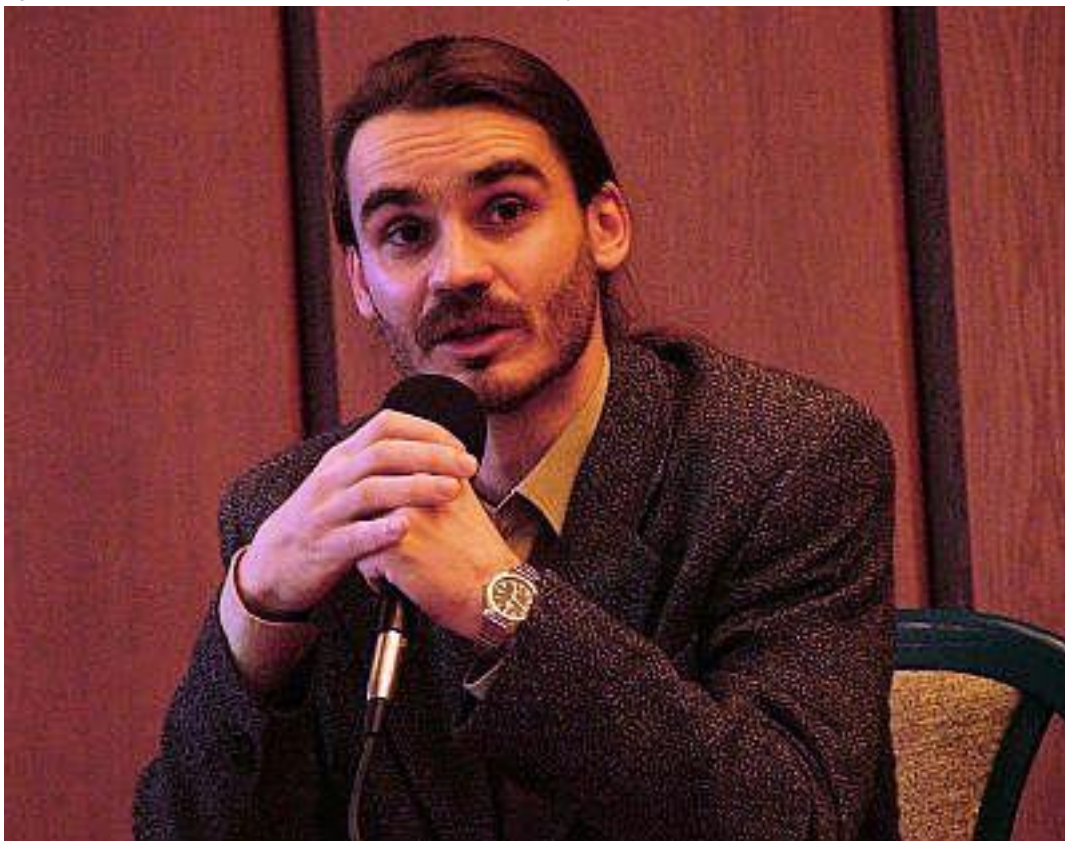
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# 1st Medical Faculty's Addictology Center Introduces Its Master's Programme

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This year, first Master's degree students enrolled at the Addictology Centre of the Psychiatry Clinic of Charles University's 1<sup>st</sup> Faculty of Medicine. It is presently the only institution in the Czech Republic to offer a university degree in addictology. Introducing the centre is its director, doc. PhDr. Michal Miovský, Ph.D.



**For how long and in what form has addictology existed at the 1<sup>st</sup> Faculty of Medicine as a programme of its own?**

We launched our on-site Bachelor's degree programme in 2005 and since 2007, we have been accredited for a distance learning programme. In the same year, we secured the certificate of competency for medical work, which means that our graduates are officially medical workers and are fully qualified to work in health service. This year, we launched the Master's programme, which completes our pre-gradual circuit.

As of now, the 1<sup>st</sup> Faculty of Medicine is the only one to offer this programme. A doctoral programme has also been greenlighted by the faculty's management. We already tutor Ph.D. candidates who work on addictology-related theses in other postgraduate courses, but we would naturally prefer if these experts worked on their research right here in the centre, took part in our projects and represented us abroad.

We have built this programme from scratch, there hadn't been anything like it in the Czech Republic before, save for some courses in lifelong-learning sections in some of the related programmes. But we believed there had to be a dedicated curriculum for addictology, as none of the existing programmes offered the full range of courses needed for working with addicts.

A few years ago, people thought addictology would only be a set of optional courses and could not imagine we would once evolve into a self-sufficient and stable programme that has research ambitions of its own.

**How many students enroll in the programme each year?**

Even big schools abroad keep their addictology programmes relatively small. University of Virginia, for instance, has about 20 students in each year. We have 35 on-site and 45 distance students in our Bachelor's programme and the Master's will also have about 35-45 on-site students. Of course, there is some drop-out rate, as our programme is quite difficult, especially its medicine branch.

**What kind of research does the centre focus on specifically?**

We work on a relatively broad range of topics that span from drug policies to the general methodology of research. I myself focus on qualitative methods and their application – I, for instance, investigate the possibilities of gathering data from an unmotivated target group. How to ensure that they actually take part in our research and that we obtain some kind of useful data for our research on the open drug scene, the behavior of addicts, also of dealers, and so on. Another branch of research focuses on preventive interventions and evaluates their effectiveness. This year, for example, we are the main organizers of the 7<sup>th</sup> annual national conference on primary prevention. The third branch of research consists mostly of applied research, for example on the epidemiology of hepatitis among intravenous drug users. Recently, we have been commissioned by the Prague City Magistrate to research Russian-speaking immigrant groups at the Prague Main Station, many of whom make their living by prostitution. We investigated the patterns of their behavior, illicit drug use and the spread of hepatitis C and HIV.

**The centre takes part in many international projects. Can you mention some of them?**

One of our current projects is the adaption and verification of the Unplugged method, which is a method of preventive intervention. Seven countries took part in the first wave and this time, it is eleven. We have adapted the intervention for the Czech environment and had a test run of 50 schools. We have also finished the evaluation study performed as a controlled effectiveness study, in which we compared the children who took part in the primary prevention programme with those who did not. Right now, we are going to publish the first group of results.

In November 8 and 9, we co-host the Primary Prevention of Risk Behavior conference, themed "Education and Professionalism in Primary Prevention". There, we would like to introduce a new textbook for primary prevention and a programme aimed at parents, co-designed with the Sananim non-profit. We have managed to secure the copyright for the original British programme for free, so that our only costs were those of adaptation into Czech context. I see this project as a great example of the potential of cooperation between the university and non-profits.

Our next project is a response to the Ministry of Education, Youth and Sports' call for collaboration with Georgia. We have collaborated with our partners in Tbilisi for a long time now – one of our Georgian colleagues is even a Ph.D. candidate at our faculty. So far, we have set up a summer school for a group of Georgian drug prevention and treatment professionals. While doing that, we tried to identify the key personnel who might develop Georgian addictology further and maybe start a programme like ours and launch interventions in the region. We are also considering research collaboration, as the region is of great interest to us. Many immigrants come to Europe from there, which offers opportunities to study contagious diseases and the threat of their spread on our continent.

**On your website, you offer consulting services for students and professional. What do you have to offer?**

The advice centre was launched last year, funded by development programmes for universities. We offer both anonymous and non-anonymous advice. Clients can take advantage of our on-line advice centre, as well as of face-to-face consulting. We are ready to give advice concerning all kinds of addictive drugs. In case of more serious problems, we can offer services of other institutions, like the drug addiction treatment programmes in the U Apolináře building or in Červený Dvůr. Right now, we are considering the future of the advice centre, as the funding has run out.

**You have mentioned prevention among children and assistance to parents. Do you also cover new ground in helping adult victims of addiction and their families?**

This is still a new topic for the centre. One of the big tasks we have ahead of us is the so-called de-stigmatization. There was a survey not too long ago asking "Who you would not want to have for neighbours" and the so-called "junkies" won. Anybody else is more likely to be tolerated. On the other hand, our society has always been very tolerant towards alcohol, although the majority of drug-related problems are related to it. It is not considered out of the norm when your neighbour is a drunk who beats up his wife. At least he's not a junkie. We have to explain to people that the difference between a drug user on the street and the one who is swallowing pills or secretly drinking at home is only superficial.

At the same time, we want people to know that it is perfectly normal to undergo drug treatment and that there is no point in destroying one's self and one's family. In America, it is normal to say: "I am addicted to alcohol and I go to treatment." Addictologists are considered experts in their field and they have prosperous private practices.

(Lucie Kettnerová)

Translation: Jaroslav Švelch