Abstract

Background: Addiction specialist is a non-medical healthcare profession specializing in the prevention, treatment and/or harm reduction of risks and disorders related to the use of alcohol, tobacco products and other psychoactive substances, including disorders associated with pathological gambling. Studies examining the labor market integration of addiction specialists confirm a broad range of employment opportunities within the profession. Graduates of the field are employed in health care, social services, public administration or education. A diagnostic institution is an educational facility that accommodates children who have been ordered into institutional or protective care or are subject to preliminary measures. One of the reasons for kids being placed into this institution can be substance use or other risky behavior. In the Czech Republic, services of diagnostic institutions are provided by 12 organizations, with a total capacity of 456 beds.

Objective:

The primary aim was to explore the experiences related to the employment of addiction specialists, as well as the current needs and possibilities for integrating this profession into diagnostic institutions for children and adolescents in the Czech Republic. The secondary objectives of the thesis include mapping the current situation concerning addiction-related issues among children and adolescents in diagnostic institutions, and identifying the possible benefits and barriers of cooperation between addiction specialists and diagnostic institutions.

Methods:

Data collection was carried out using qualitative research through semi-structured interviews. The recorded audio interviews were transcribed into MS Word documents. Data were analyzed through open coding, The clustering method was used to create categories. The data were subsequently described. Key excepts illustrating the most significant themes were presented. Ethical considerations were duly respected.

Research sample:

The total population consisted of the directors of all 12 diagnostic isntitutions in the CR. For the purposes of this study, a total population sampling method was used. Eight diagnostic institutions agreed to participate in the research. Managers were selected using purposive sampling method. Each institution was represented by one senior staff member. The research sample included six directors of diagnostic institutions and two deputy directors.

Results:

The formal employment of addiction specialists in diagnostic institutions faces legislative, financial, and personnel barriers. Act No. 96/2004 Coll. classifies addiction specialists as non-medical healthcare professionals, while diagnostic institutions are defined by Act No. 109/2002 Coll. as educational facilities. This creates a systemic/legislative barrier, most frequently cited by respondents as an obstacle to the formal employment of addiction specialists.

Currently, addiction specialists are employed in only one diagnostic institution, while three institutions have expressed interest in hiring one. Within a diagnostic institution, an addiction specialist can engage in both preventive activities and apply therapeutic skills in working with children and adolescents. Additionally, work with families, identified by respondents as highly important, can form a significant part of the specialist's role. These competencies are utilized by addiction specialists currently working in the one diagnostic institution employing them.

Two diagnostic institutions currently use external addiction services, and two others have expressed interest in establishing such collaboration. Children's diagnostic institutions report limited availability of addiction treatment for children under the age of 15. In some regions, services are not accessible even for older children. The prevalence of addiction-related issues among children and adolescents in institutional care is higher than in the general population.

Children's diagnostic institutions most frequently encounter addiction to social media, which they consider a serious issue. Most respondents agreed that they would welcome the establishment of regional or county-based centers offering addiction support for children with significant addiction-related problems.

Conclusion:

Multidisciplinary teams operate within diagnostic institutions and would welcome the inclusion of healthcare professionals in their ranks. Children in these institutions show higher prevalence of substance use and problematic social media use. In most facilities, there is no addiction specialist employed, nor is established regular collaboration with an external addiction specialist. A crucial step towards the formal employment of healthcare professionals in the education system is interdepartmental cooperation between the Ministry of Education, Youth and Sports and the Ministry of Health. Such collaboration would enable integration of addiction specialists into the educational system not only formally, but also with full recognition of their professional qualifications and competencies.

Key words: Addiction specialist, children and adolescents, risky behavior, diagnostic institution, competencies