

# **Continued Training in the Addiction Field**

**Country report for Switzerland**

Commissioned by the  
**FOPH Expert Committee on  
Continuing Training in the Dependence Field (EWS-CFD)**

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# 1. Context

## 1.1. Legal basis

In Switzerland, the Federal Office of Public Health (FOPH) is responsible for matters relating to public health; it is part of the Federal Department of Home Affairs. The FOPH has been involved in drug policy since 1991, and in this capacity is also involved in continued training in the addiction field. The legal basis for its efforts to promote continued training is Article 15c of the Federal Law on narcotic drugs and psychotropic substances of 3 October 1951 (BetmG, SR 812.121) and the decision of the Federal Council of 20 February 1991 concerning government measures to reduce the drug problem. The current draft revision of the Narcotics Law henceforth designates the promotion of continued training in this field as the task of the federal government. Continued training is one of the flanking measures defined in the Federal Council's four-fold policy on drugs which was issued in 1994. The four components of this policy are: prevention, therapy and reintegration, harm reduction and survival assistance, and law enforcement/market regulation. Efforts to promote continued training activities focus on the three areas of *illegal drugs*, *alcohol* and, more recently, *tobacco*; other forms of addiction and emerging trends are second-level priorities.

## 1.2. The federal government's involvement in continued training

The FOPH's programmes to promote continued training in the addiction field have been implemented in four phases to date, each of which has been evaluated:

- 1992–1996, FOPH mandated the addiction-workers' association *Groupement romand d'études sur l'alcoolisme et les Toxicomanies* (GREAT) and the Association of Addiction and Drug Professionals (VSD) as sponsors of the continued training institutions *Ateliers romands pour intervenants dans le domaine des addictions* (ARIA) and *Convers*. This support was provided as structural and programme funding.
- 1996-2001, FOPH mandated the Continued training Coordinating Office at Berne University (KWB): A national expert committee granted support for individual continued training schemes upon submission of application. This support was provided only as programme funding.

- 2001-2006, FOPH mandated Contact Netz, a Berne-based group for young people, parents and addiction work: the mandate and programme funding are still in place.
- 2006-2008: mandate and programme funding will be extended.

### **1.3. Background to this report**

In the summer of 2005, the EWS decided to hold an international *Symposium on Continued training in the Addiction Field* which would have lasted two-and-a-half days. Several participants wrote country reports from their personal perspective in preparation for this event. However, the symposium did not take place due to lack of demand. Instead, a workshop was held in Zurich on 1 September 2005, at which 15 people from ten countries met to discuss possible ways of collaborating. At a follow-up meeting on 22/23 January 2006 in Rome, seven people from four countries decided to hold the inaugural meeting of the “International Think Tank (Continued) Education and Training on Addiction” (I-TETA) in Edinburgh on 3 September 2006.

This report is structured using the framework (questions) for preparing country-specific dossiers and has been written from the perspective of the FOPH and the EWS support programme. The services mentioned here are described from the point of view of an outsider, who does not necessarily perceive them in the same way as the providers of these services do. There may also be services of whose existence we are unaware.

This report focuses on the FOPH’s programme to support *continued training in the addiction field* which has been running since 1996. However, it should be noted that the FOPH is also involved in Continued training outside this programme, e.g. as part of the network *Collège Romand de Médecine de l’Addiction* ([www.romandieaddiction.ch](http://www.romandieaddiction.ch)), which supports doctors who prescribe methadone, or funding services provided within larger prevention projects.

## 2. System and structure

### 2.1. The system of “Continued training in the addiction field”

The system for providing continued training in the addiction field has always been very heterogeneous in terms of providers, their orientation and the form their continued training takes.

- a) Providers: Until 1991, continued training was offered mainly by the professional associations GREAT, VSD and VCRD (Association of Christian Rehabilitation and Drug Professionals) and a few inpatient addiction centres (Forel Klinik, Les Oliviers). State involvement in this field was sporadic, with continued training being provided by Fribourg University and the Social Work College in Aarau, for example. In the German-speaking part of Switzerland a seminal course of continued training was offered by a private organization, while for many years courses on alcoholism held in the French cities of Reims and Lille were the only major form of continued training available to addiction specialists in the French-speaking part of Switzerland. The FOPH started promoting continued training in this field in 1998, and from this point on the professional associations of addiction specialists were less prominent; at the same time centres of excellence in continued training in the addiction field were starting to be set up at the universities of applied sciences in the German-speaking part of the country (Eastern Switzerland, Zurich, Aarau and Lucerne). In the French-speaking part, various institutions were merged to form the *Fédération romande des organismes de formation dans le domaine des dépendances* ([www.fordd.ch](http://www.fordd.ch)) [Federation of training bodies in the addiction field]. The number of providers has since decreased, partly as a result of increasing competition between the universities of applied sciences and their need to cover in full the costs of running continued training courses.
- b) Content of continued training: As inpatient and outpatient facilities for people with drug-addiction problems expanded in the 1970s, continued training was developed for professionals in this field. As addiction behaviours and the nature of professional addiction services changed, continued training became focused primarily on qualifying professionals working with alcohol addiction. It is no longer possible to draw a clear line between the addiction services offered for legal substances and those offered for illegal substances. Nowadays, just over

half of the addiction professionals who take the courses offered by the EWS work in institutions that deal with addiction on legal and illegal substances (EWS-CFD 2006).

- c) Form of training: Three forms of continued training are currently available: courses, practical training and curricula. Courses last a few days and generally focus on a current topic. Practical training takes the form of exchange programmes which give addiction professionals insight into a practical aspect of addiction work either related to or distinct from their own field, the objective being for them to subsequently apply what they have learned to their own job. Curricula consist of a sequence of modules offered over a longer period of time.

An overview of current providers and what they are offering (courses and curricula) is available on the Commission's website at [www.ews-cfd.ch](http://www.ews-cfd.ch).

## 2.2. Steering

In a report entitled "*Aspects of the drug situation and drug policy in Switzerland*" which appeared in 1989, the former Subcommittee on Drug-related Issues set up by the Federal Narcotics Commission called for continued training to be provided for addiction professionals which would meet the needs of both the institutions providing addiction services and the professionals working in this field. This was the point at which the FOPH became involved in continued training in the addiction field in 1991. The various stages through which this involvement has passed are described briefly in the introduction to this report. From 1998, once the initial phase of structural funding had been completed and the government began to provide support for programmes, various instruments were tested to ascertain the extent to which the content of continued training could be influenced:

- a) Licensing of providers;
- b) Processing of applications received under the submission procedure;
- c) Description of main content, which was communicated to providers in the form of calls for tenders;
- d) Profiling studies for each major occupation.

The first two instruments are still being used today; c) proved to be difficult and almost impossible to implement. The aim of the profiling studies d) was to define the

fundamental knowledge and skills required for professional addiction work in each of the four major categories (nursing, psychology, medicine and social work), at the same time distinguishing between occupation-specific (monodisciplinary or intraprofessional) and non-specific (interdisciplinary or interprofessional) elements. It was hoped that the overlapping elements common to all occupations could form a basis for developing an interprofessional curriculum. However, this intention came to nothing. Since 2005, the continued training sector is being restructured at the tertiary level (*Master of Advanced Studies, MAS*, offered by the universities), and the EWS felt that this development offered a starting point for developing a framework for an MAS in addiction work in collaboration with the providers. This project was also abandoned in the face of competition between the providers (primarily the universities of applied sciences and the universities), and the Commission's aim now is to develop a skills profile for addiction work by the summer of 2007. The skills profile is intended to serve as a reference for providers as they continue to develop their programmes and to provide the EWS with a basis for evaluating applications and awarding funding.

### **2.3. Professionalization of addiction specialists**

The extent to which the continued training supported by the EWS enhances the professionalization of people working in the addiction field can only be guessed as there is no data available. It can be assumed that the knowledge and skills imparted by continued training are of major significance both for the acquisition of individual skills and for the development of the concepts underlying addiction services.

Around three-quarters of the people working in addiction services who take advantage of Continued training opportunities work in one of the following areas (in descending order of numbers): social work (social work and social education), nursing, psychology, medicine.

The EWS uses three categories to define individual involvement in addiction work, although no reliable figures are available:

1. Individuals employed on a full-time basis in addiction services (addiction specialists). These people constitute the primary target group. The term "addiction services" covers all four components of the federal government's four-fold model:

prevention, therapy and reintegration, harm reduction and survival assistance, and law enforcement/market regulation.

2. Individuals not specifically involved in *addiction* or *prevention* whose work brings them into contact with addiction-related issues either sporadically or coincidentally. This group is significant to the extent that its interventions in everyday life have a major impact on treatment or on the risk of a relapse. This category covers the following professions in particular:
  - Social work
  - Medicine
  - Nursing
  - Psychology and psychotherapy
  - Teaching
  - Religion
  - Prison system
  - Police
  - Administration
  - Military
  - Legal system
3. Volunteers who are not employed in the *addiction* field (e.g. individuals on committees at addiction institutions, parents and relatives, members of communal, cantonal or federal authorities, churches, other institutions such as *Die dargebotene Hand* emergency service and other Samaritan associations).

## 2.4. Funding

As mentioned in the introduction, since 1998 the EWS has only been funding continued training programmes and not structures. Until 2003, two calls for applications were issued every year; since 2004 there has only been one call per year. These are formal opportunities for providers to apply for funding for their continued training courses. They receive lump funding to hold their course etc. a maximum of three times; additional funding is available for new courses to support their development.

The Commission has so far followed the principle of supply-side funding (object funding). In view of diminishing state resources, ways of providing demand-led financing (subject funding) for continued training could also be examined, for example in the form of a pilot project for a defined target group. During its current mandate (2006-2008), the EWS will consider this option on the basis of a report written

by Wolter in 2003. So far it has not been possible to derive any reliable conclusions about the impact of state funding on continued training in the addiction services.

### **3. Forms of training**

#### **3.1. On/off/near-the-job**

The courses and programmes described under 2.1 *The system of "continued training in the addiction field"* account for the lion's share of the training opportunities funded by the Commission; they are more likely to be off-the-job courses or exchange programmes. Near-the-job training is carried out, but usually on an internal basis and as such is not open to addiction specialists working outside the institution.

#### **3.2. Regulations/standards**

Continued training offered by universities of applied sciences and/or universities complies with criteria defined by the government. The universities of applied sciences are governed by the binding recommendations of the Conference of Swiss Universities of Applied Sciences (KFH 2006), the universities by those issued by the Rectors' Conference of the Swiss Universities (CRUS 2006). Courses offered by private organizations are not bound by these state requirements.

#### **3.3. Position within the education system**

The FOPH's intention in switching from structural funding to programme funding in 1998 was to place continuing education in the hands of providers who are integrated into the state education system. This resulted in higher-quality continued training opportunities. The primary target group for funding was consequently institutions providing first-stage tertiary education. This is equivalent to code 5 A in the International Standard Classification of Education (ISCED).

### **3.4. Final qualifications**

In considering the impact of continued training activities on salary and status, we need to distinguish between courses and curricula. Courses enable addiction specialists to keep up to date with developments in their profession and to fill gaps in their knowledge and/or skills. They therefore enable the individual to adjust to changes in the profession and as such are distinct from career development activities. Programmes either qualify the individual to start working in the addiction field or enable the individual to acquire specific skills which may lead to a salary increase.

### **3.5. Conditions for participation**

Participation in (usually external) Continued training in addiction is governed by the following conditions: Employers grant full-time employees around CHF 1,000 per year for course fees and expenses plus five working days. A study (Vuille 2006), which is not representative, showed that this approach is common, although the employer may be more or less generous.

## **4. Content**

### **4.1. National guidelines**

As mentioned under 2.2 Steering, guidelines for the content of continued training have not yet been developed. The EWS is aiming at developing a “skills profile for addiction work”, and this will be the first tool available as a reference for providers designing and developing continued training courses – assuming they want to participate in the funding programme – and as a basis on which the Commission can evaluate applications and thus allocate funding.

Skills profiles for continued training of addiction specialists have been developed successfully in Austria (ÖBIG 2004) and Scotland. A project of this kind is about to be launched in French-speaking Canada.

## **4.2. The process of planning training**

To date no one has investigated how systematically providers organize the circular process of analyzing needs, developing programmes and evaluating them. The providers are responsible for the actual process of planning programmes. They need to align their training opportunities (whether courses or curricula) with the specific needs of the field and with the potential demand from addiction specialists. At the tertiary level there is also a need for continued training opportunities to cover their costs. This means that the responsible committees at universities of applied sciences and universities place less emphasis on the content of such programmes than on their ability to meet financial criteria. Consequently, the individuals responsible for the programmes have greater freedom to design their programmes, but at the same time there is greater pressure for courses to cover their costs. The market principle of supply and demand has thus taken on greater importance in continued training in the addiction field than in the past.

## **4.3. Knowledge transfer**

The promotion of knowledge transfer between research, practice and basic- as well as continued training is the fundamental concern of the meeting *Learning from each other* that the FOPH has organized twice so far. The third meeting of this series will be held in September 2006. The organizers are keen to keep the educational content of the meeting at an attractive level by engaging expert speakers in the field. Yet there is still room for improvement: processes and responsibilities need to be analyzed in more detail to ascertain ways of transferring research findings to the practical setting via (continued) training.

## **4.4. Interdisciplinarity/interprofessionalism**

The Commission feels it is necessary to provide continued training opportunities both for specific occupational groups and on an interdisciplinary basis. Interdisciplinary training enables participants to get to grips with information in the learning setting which generally reflects the situation in the practical setting, a process which enhances the transfer of learned content.

#### **4.5. Lead occupational group**

Although doctors are the smallest occupational group, in numerical terms, among the addiction professionals, they tend to have a lead function in the addiction services field by virtue of their training and their status. There is a move in one inpatient clinic to offer the same conditions of employment to psychologists and social workers working in the same function.

### **5. Quality**

#### **5.1. Quality requirements**

Providers at the tertiary (university) level are bound by the criteria specified by the responsible committees: KFH for universities of applied sciences, CRUS for universities. The universities of applied sciences use the quality management system propagated by the *European Foundation for Quality Management* (EFQM), cf. the evaluation criteria for universities of applied science (KFH 2004). Providers outside this area use the EduQua or ISO systems or have developed their own systems. Participation in the FOPH support programme is governed by the criteria and rules for funding set out in the 2003 concept.

#### **5.2. Evaluating quality**

Courses which receive funding from the FOPH/EWS are required to use an evaluation questionnaire. The questionnaires are evaluated by the EWS secretariat. The result of the evaluation is communicated to the provider.

#### **5.3. Levels of evaluation**

Based on the evaluation levels defined by Kirkpatrick (1998) and Schirmer (2005), the FOPH's support programme can be described as follows:

Level 1 / Participant satisfaction: Completion of the EWS questionnaire is mandatory.

Level 2 / Learning: Tests to check what has been learned is used wherever possible and appropriate.

Level 3 / Use in the workplace: The EWS questionnaire completed at the end of a training sequence contains an item designed to assess the transfer of what has been learned to the professional setting. Training curricula feature project studies which reinforce the link between theory and practice. The transfer of learned material is primarily the responsibility of the participant and his or her line manager in the latter's role as employer, assuming that the employer supports participation in continued training courses.

Level 4 / Impact on business: The participant and the employer are responsible for this level.

Level 5 / Return on investment: Practically no research has been done into the question of whether participation in continued training is of benefit for the participant and his or her employer. The situation is clear for providers of continued training at the tertiary level: their courses and curricula must cover their costs.

## **6. Perspectives**

What challenges, opportunities and risks does the future hold? Below is a selection of questions and factors which, it can be assumed, will have an effect on future developments.

### **FOPH support programme**

In the medium term there is some uncertainty about how long the federal government will remain involved in promoting continued training. There is of course a legal basis for this involvement, but there is a possibility that the federal government may divest this responsibility as part of the reallocation of tasks between the federal government and the cantons. In the future, state involvement will have to focus more on the intended impact and demonstrating that it has been achieved.

### **Conditions under which institutions providing addiction services participate in continued training**

Now that the federal government has withdrawn from financing inpatient addiction services, this field is solely the responsibility of the cantons. This means that the ability of addiction specialists to participate in continued training varies according to the financial situation and regulations in the individual cantons; this is tending to have a negative effect on the rate of participation in Continued training designed to achieve greater professionalization (Vuille 2006).

### **The approach to funding**

Following the switch from structural and programme support to solely programme funding, a further paradigm shift may be in the offing: from object funding to subject funding (Wolter 2003). Instead of supporting the providers of training by funding their programmes (objects), the demand side (subjects) will be given financial incentives to participate in continued training. The training voucher is the classic example of demand-driven funding of continued training. The EWS will be looking at this issue during the period 2006-2008.

### **Funding of training programmes**

The EWS is currently funding and managing a project designed to generate a skills profile for addiction work. This profile is intended to create a basis for funding existing and new training programmes to the extent that providers must design their curricula around the skills profile for addiction work if they intend to seek financial support for them. Similar documents already exist (Austria) or are being developed (Canada, Scotland). In a very small market like Switzerland this raises the question of whether skills not specific to addiction work which can be used outside the field of addiction (e.g. management, therapy methods, research methods) should be taught on addiction programmes to enhance their appeal.

## 7. Glossary

ARIA	Training centre for addiction workers in French-speaking Switzerland
Convers	Continued training centre run by the VSD (mandate 1992-1996)
CRUS	Rectors' Conference of the Swiss Universities
EAK	Federal Commission on Alcohol-related Issues
EKDF	Federal Commission on Drug-related Issues
EKTP	Federal Commission on Tobacco Prevention
EWS-CFD	FOPH Expert Committee on Continued training in the Addiction Field
FOPH	Federal Office of Public Health
GREAT	French-speaking study group on alcoholism and addiction
ICAA	International Council of Alcohol and Addictions
ICPTP	Institute for Christian Psychology, Therapy and Education Science
Interprofessional	designed for more than one occupational group
Intraprofessional	designed for a specific occupational group
ITACA	European association of professionals working in the field of addiction (Italian)
KFH	Conference of Swiss Universities of Applied Sciences
MAS	Master of Advanced Studies
OFSP	Federal Office of Public Health (French)
SSAM	Swiss Society of Addiction Medicine
SUPSI	University of Applied Sciences of Southern Switzerland
VCRD	Association of Christian Rehabilitation and Drug Specialists
VSD	Association of Addiction and Drug Specialists

## 8. References

- BAG Bundesamt für Gesundheit (2003): Förderung von Weiterbildung im Suchtbereich, Konzept, Bern
- Bologna-Koordinationsteam (2006): Empfehlungen der CRUS für die koordinierte Erneuerung der Lehre an den universitären Hochschulen der Schweiz im Rahmen des Bologna-Prozesses, CRUS Rektorenkonferenz der Schweizer Universitäten, Bern
- EWS-CFD (2006): Förderung von Weiterbildung im Suchtbereich - Schlussbericht Mandat 2001-06, Bern
- Gertsch, Marianne (1994): Der Weiterbildungsbedarf der Institutionen der schweizerischen Drogenhilfe, Arbeitsbericht 12, Koordinationsstelle für Weiterbildung, Universität Bern
- Haas S., Horvath I., Rottenhofer I., Sax G., Schnabel E.: Drogenspezifische Weiterbildung, Konzepte und Curricula für fünf ausgewählte Berufsgruppen, ÖBIG Österreichisches Bundesinstitut für Gesundheitswesen, Wien, 2003  
[http://www.bmgf.gv.at/cms/site/attachments/0/7/0/CH0031/CMS1072104269702/bericht\\_drogenspezifische\\_weiterbildung.pdf](http://www.bmgf.gv.at/cms/site/attachments/0/7/0/CH0031/CMS1072104269702/bericht_drogenspezifische_weiterbildung.pdf)
- KFH/Arbeitsgruppe Weiterbildung (2006): Strukturierung der Weiterbildung an den Fachhochschulen, Konferenz der Fachhochschulen der Schweiz KFH, Bern
- Schläfli, A./Gonon, Ph. (1999): Weiterbildung in der Schweiz, Situation und Perspektiven, Deutsches Institut für Erwachsenenbildung DIE, Frankfurt/M
- Wolter, Stefan C. (2003): Nachfrageorientierte Finanzierung in der Weiterbildung, Trendbericht Nr. 7, Schweizerische Koordinationsstelle für Bildungsforschung SKBF, Aarau
- Vuille, Rodolphe (2006): Personalentwicklung in Suchthilfeinstitutionen – Fallstudien deutsche Schweiz, Diplomarbeit innerhalb NDS Weiterbildungsmanagement der KWB, Universität Bern