

Developing a Holistic and Inclusive Competency Framework for the Addiction Workforce: Insights from a Transdisciplinary Team of Addiction Professionals

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INTRODUCTION: The addiction workforce encompasses a diverse group of professionals across various sectors, such as prevention, harm reduction, treatment, and recovery. Training for this workforce is highly variable both at local and international levels, influenced by differences in drug policies, regulatory frameworks, and educational systems across regions. The need for a more holistic and inclusive competency framework has become increasingly apparent to address these disparities.

METHODS: This article draws on insights from a transdisciplinary team involved in the *WAVE* (Workforce Addiction - Valorisation in Europe) project. Through expert meetings, we discussed the comprehensiveness and cross-disciplinary suitability of a pre-developed list of core competencies needed to strengthen the addiction-related workforce in clinical, academic, and civil society sectors.

RESULTS: A series of online meetings with 21 participants from 16 different countries were held. Key competencies identified included clinical skills, interdisciplinary collaboration, research literacy, pedagogical expertise, advocacy, legal and regulatory knowledge, and harm reduction. It was found that while clinical competencies remain essential, additional competencies are required to meet the diverse and evolving needs of individuals, communities, and systems affected by addiction. **CONCLUSION:** This work emphasizes the importance of a more inclusive and interdisciplinary competency framework that extends beyond clinical care to include skills such as research literacy, advocacy, and collaboration. Training programs need a broader and tailored integration of these competencies to ensure that professionals are equipped to address the complexities of addiction in diverse contexts.

1. INTRODUCTION

The addiction workforce is composed of professionals from diverse sectors, spanning prevention, harm reduction, treatment, and recovery, in both clinical and public health areas, as well as research, academia and civil society. These professionals work addressing the broad spectrum of substance use and addictive-behavior-related harms, including substance use disorders and behavioral addictions. This workforce must be not only sustainable but also empowered to continuously evolve and adapt in response to societal changes, emerging client and community needs, and advancements in evidence-based clinical and public health practices. The addiction workforce must also work in partnership with non-health sectors, such as law enforcement agencies, criminal justice, and education and social services sectors. In other words, the addiction workforce requires the ability to work in diverse and complex settings in a multisectoral collaboration, while remaining able to adopt and implement innovations.

Training for addiction professionals varies across countries and disciplines (Lososová et al., 2024). Similarly, as drug policies and regulatory frameworks differ across countries, there is likely a significant variation in how work in this field is performed across disciplines and regions, and how addiction study and training programs are equipped to prepare a qualified and ready-to-practice workforce. This variation creates challenges in establishing consistent practice standards, ensuring workforce readiness, and aligning educational programs with the diverse demands of the field. Furthermore, as reported in the United States (US) (Kruger et al., 2024), the addiction sector tends to work in a siloed and fragmented way, and while there is a growing literature addressing the necessary competencies for upscaling the healthcare workforce, less attention has been paid to the transdisciplinary nature of this sector.

In this context, the European project *WAVE* (Workforce Addiction - Valorisation in Europe), co-funded by Directorate-General for Justice and Consumers (DG JUST) at the European Commission, set out to explore how capacity strengthening, and competencies differ and intersect across disciplines. The project consisted of seven work packages. Specifically, work package 4 aimed to identify cross-cutting competencies needed for a robust, skilled and empowered addiction workforce. A review of standards and competencies was conducted identifying the theoretical background of this topic (Nováková et al., 2024). A crucial attempt was to set the list of global standards and addiction core competencies (Miovský et al., 2024).

As part of this project, a Community of Practice was developed (work package 2), and a working group was formed to evaluate the identified core competencies across various addiction-related disciplines, identifying commonalities, differences, and gaps, exploring how the identified list could be further developed to cater for the diversity of roles in the field. This process aimed to enhance the alignment of addiction-related skills across different professions that work to prevent and reduce substance use and addictive behavior-related harms among individuals and communities.

2. METHODS

The working group included experts from academia (12 participants), clinical practice (4 participants), civil society and administrative fields (5 participants), determined by a self-report short survey sent out to group members prior to the discussions, allowing for a transdisciplinary approach to understand the needs of the addiction workforce. A series of discussions were organized online with the support of – *WAVE*

(<https://wave-addictionsworkforce.eu>). Each meeting focused on each area of practice and lasted approximately 2 hours. Given the larger number of working group members from the academic sector, the academia co-creation group was divided into two separate groups. Four online co-creation groups were held, hosting 21 participants from 16 different countries, representing a wide range of historic, economic, cultural, and political backgrounds (see Table 1). The discussions were led and moderated by Rodrigo Ramalho (RR), Eliza Kurcevič (EK), and Daniel Folch-Sánchez (DF).

To help guide our discussions, we used the previously identified list of core competencies: *The International Consortium of Universities for Drug Demand Reduction (ICUDDR) (2024). International Quality Standards for Substance Use Studies at higher education and university level. Working Manuscript. Tampa: USA*, initially developed by an international working group and published as an outcome of the WAVE project. Table 2 shows this initial list of competencies, which are grouped into foundational and specific addiction professional competencies. Foundational competencies were initially presented as core to all addiction professionals, regardless of their specific role. In addition to these foundational competencies, the list included competencies tailored specifically to the roles of addiction professionals. Further details about the development of the competencies list are available in the paper by Miovský and colleagues (2024).

During these meetings, we shared our current roles in the addiction field, how our previous training contributed to these roles, which competencies were developed during training, and which ones were developed in the field. Additionally, the above list of competencies was used as a starting point for a discussion aimed to identify which competencies were key to the field and across disciplines, including competencies needed but currently missing from training programs or not included in the list. These discussions adopted a consensus-building approach where we prioritised ensuring the comprehensiveness and cross-disciplinary suitability of the identified competencies over their hierarchization.

The moderators of the groups made notes and summarized the main findings of the discussions. These were afterwards again discussed within the whole group and consensus was reached on the outcomes presented below. All applied procedures, including the organisation of co-creation groups, the use of a structured competency framework to guide discussions, and the consensus-building approach, were collectively decided and agreed upon by the working group.

3. RESULTS

As mentioned above, our discussions focused on identifying key competencies required across different roles and professions within the addiction field. Through our discussions, we noticed that the list of competencies we were using placed a significant emphasis on clinical skills – a point also acknowledged as a limitation by the authors of this list (Miovský et al., 2024). Nevertheless, clinicians in the group highlighted that clinical evaluation and treatment planning were essential features of their

training and current roles. The use of screening tools, more comprehensive assessments, and the use of all collected information to formulate a treatment plan, which often included counselling, that can be delivered adhering to clinical guidelines and standard procedures were all competencies that clinicians reported as core to their roles, and in which clinicians felt highly proficient. These competencies are, of course, crucial for delivering effective preventive strategies, treatment, care and support services. However, a limitation of this training lay in its singular focus on the clinician/patient interaction. A wider spectrum of competencies, also included in the list, was often missing from training.

3.1. Interdisciplinary collaboration and involvement in the continuum of care

It was observed that even within a healthcare provision focus, effective responses to substance use/addictive behavior-related harms required going beyond a clinician/patient interaction alone. Clinicians in the group felt the training regarding utilization of wider healthcare systems and community resources – including civic groups, spiritual, legal, and other relevant resources – as well as interdisciplinary collaboration with other professionals and involvement in a continuum of care was often lacking. Proficiency in these competencies was often developed in the field and through role modelling. However, a wider and more systematic approach to ensuring these competencies in the field – from training to certification/recertification processes – may significantly benefit the support provided by the healthcare system.

3.2. Documentation and Digital Literacy

Similarly, the list of competencies used to help guide our discussions included documentation as a key competency. While it was agreed that it was indeed a key competency, it was also highlighted that documentation often included the need to develop digital literacy and use of ICT (information, communication technology). Various healthcare systems around the world are increasingly moving their recording processes to the digital space through electronic health records. Unfortunately, it seems that the development of a shared, regional/national, and interlinked system that facilitates communication among professionals is not increasing at an equal pace worldwide. As a result, - and not exclusive to the digital space – it is also crucial for professionals to have the necessary knowledge and skills to record client or care-related data and processes in different systems, each with their own requirements and formats.

3.3. Pedagogical and Supervisory Skills in Addiction Training

Another important consideration that emerged in our discussions was the need for strong pedagogical and supervisory skills in the field. There is a growing demand for effective healthcare and support in the addiction field worldwide, which leads to an equal growing need for effective training and supervision. It was noticed that addiction-focused professionals in academic and

training positions had often not received pedagogical training. In these positions, clinical knowledge was often important and a clear resource; however, these roles also required the ability to be effective teachers, mentors, and supervisors. In this regard, key competencies necessary for these roles also included developing curricula, fostering critical thinking, and encouraging curiosity and innovation, helping the next generation of professionals to build their confidence and expertise – and potentially also their capacity to become trainers and mentors.

3.4. Research Literacy and Evidence-Based Practice

Addiction is a field that is continually evolving, and thus, the importance of research and research literacy across all sectors within the addiction field was also emphasized in our discussions. Clinicians, for example, must be able to critically interpret the growing body of research in the field to effectively adopt an evidence-based approach in their practice. Unfortunately, it was agreed that this is a competency often missing in training programs. For academics, this is a necessary competency, but one that is often developed in programs commonly outside of the addiction field (e.g., Master or PhD programs). Civil society advocates should also be able to critically engage with research and use it to inform their practice. Across the field, it is important for people on the ground – including people who use drugs (PWUD) and civil society advocates – to be able to develop/co-develop new knowledge; otherwise, we may unfortunately expect a further growing disconnect between current research and real-world practice.

3.5. Education and Communication with Stakeholders

The list of competencies included the importance of education and the ability/capacity to effectively provide information to clients, their families/loved ones, and the community. In this regard, it was also highlighted that people working in the addiction field should also be able to effectively communicate with policy makers, people in decision-making positions, and the media. While, as mentioned above, understanding the evidence base to make informed arguments is important, being able to effectively communicate these arguments is an equally important competency. Clinicians, academics, and civil society members of the field should be able to translate existing concerns and research findings into practical applications that are understandable and usable by everyone. The ability to communicate is crucial when it comes to making a case for policy change, funding allocation, or broader public support for addiction-related initiatives.

3.6. Knowledge of Legal and Regulatory Frameworks

An important, yet often overlooked, competency identified was the knowledge of legal and regulatory frameworks. Our list of competencies highlighted the importance of ethical and professional responsibilities, which were agreed by everyone as key

competencies. But at the same time, it was noted that across disciplines and roles in the addiction field, it was also important to be aware of both local and international laws, policies, and regulations that govern substance use, addiction treatment, and public health responses. We noticed that addiction-related legislation and regulations varied widely across countries and regions, and it was relevant not only to understand this diversity but also how international agreements influence local policies and practices. This knowledge is not only important for compliance with regulations but also for identifying opportunities for advocacy and reform. Civil society organizations, perhaps particularly, can play a key role in navigating these aspects, advocating for legal and policy changes, and ensuring that the voices of commonly marginalized communities are heard. However, all advocacy efforts would be more likely to succeed if civil society is accompanied by other professionals working directly with PWUD during all advocacy initiatives.

3.7. Advocacy as a Core Competency

Advocacy was also identified as a key competency. The necessary knowledge, skills, and attitudes to be effective advocates for pushing forward systemic/structural changes were agreed across sectors as a crucial competency. This involves a deep understanding of the national, regional and global political landscape, the ability to communicate effectively with diverse audiences, and the strategic skills necessary to influence decision-making processes. It requires not only a deep understanding of addiction as a public health issue but also the ability to humanize the experience of addiction, highlighting the socio-economic factors that often underpin substance use- and addictive-behavior-related harms.

Finally, although self-care, ethical responsibilities, cultural competencies, and prevention skills were also included in the initial list of competencies, it was agreed that education and training programs continued to lack effective approaches to supporting the addiction workforce in developing these vital competencies.

4. DISCUSSION

The present work was supported by the project WAVE. It brought together 21 key stakeholders in the field from various disciplines (i.e., clinical, academic, and civil society/administrative settings) and 16 different countries. The findings of this work highlight critical gaps and opportunities in competency development for the addiction workforce. All discussions emphasized the need for a holistic and interdisciplinary approach to developing a competency framework that could then inform training and professional development in this field. There is a clear need for broadening competency frameworks to further include, among other things, research literacy, pedagogical skills, and advocacy.

During our discussions, it was emphasized that there is limited training in competencies beyond direct clinician-patient interactions, such as the integration of community resources and interdisciplinary collaboration. These findings align with those of previous authors highlighting the interdisciplinary nature of

the work conducted in the addiction field (Volfová et al., 2020). According to the working group participants, training tends to prioritize clinical-related skills while neglecting the broader systems-based and community-oriented competencies required for a more holistic approach to addictions. Still, as pointed out by Broyles et al. (2013), a further focus on interdisciplinary collaboration in addiction training and education may first require conceptual consensus regarding how to approach this work.

The World Health Organization has also recently underscored the importance of research literacy as a key competency in the

addiction field (World Health Organization, 2024). The emphasis on research literacy and evidence-based practice was related to the evolving nature of the field. While it has been repeatedly argued that clinicians must continuously engage with the literature and maintain an up-to-date practice, our discussions noted that all sectors would highly benefit from engaging critically with research. For example, people working on the ground are best positioned to generate relevant knowledge, which requires research literacy. This is also relevant in the context of advocacy, where evidence-based arguments must be effectively communicated to diverse audiences, including policymakers and the

Table 1 | Professionals who took part in co-creation groups

Number of Participants	Countries
4 participants, Clinical setting	India, Kenya, North Macedonia and Portugal
9 participants, Academic settings (I)	Belgium, Croatia, Turkey, India, Pakistan (2), Ireland (2), UK
5 participants, Academic settings (II)	Czech Republic, Ireland, Australia, Portugal, India
5 participants, Civil society/administrative settings	Poland, Bosnia and Herzegovina, Croatia, Nepal, Bangladesh

Table 2 | List of competencies

1. Foundational competencies	
Understanding SUD	The professional can understand, describe, and apply a variety of models and theories of substance use disorders, regarding the effects of substances on the person who uses drugs and significant others and the factors that influence the development of these disorders.
Continuum of Care	The professional can understand a continuum of care and accept the value of a transdisciplinary approach and collaboration. Describes the philosophies, practices, policies, principles, and outcomes of the most generally accepted models of prevention, harm reduction, early intervention, treatment, recovery, and continuing care for substance use disorders and includes families and communities in substance use disorder care.
Application to Practice	The professional can appropriately and helpfully match people with substance use disorder needs to available resources and treatment modalities based on diagnostic and other criteria.
Professional Readiness	The professional understands the importance of self-awareness and self-care and uses ongoing supervision and training to develop these skills and is committed to adhering to generally accepted ethical and behavioral standards in the helping relationship.
2. Specific Addiction Professional Competencies	
Clinical evaluation (screening and assessment)	The professional is able to determine the most appropriate initial course of action given the client's needs, characteristics, cultural background, and available community resources; and understands the importance of collaborating with the client and others to gather and interpret information necessary for planning and treatment and to evaluate client progress.
Treatment and Service Planning	The professional is able to create a collaborative process through which the professional and client jointly develop desired treatment outcomes and identify the strategies to achieve them.
Referral and Interdisciplinary Collaboration	The professional understands how to facilitate the use of available support systems and community resources by clients and their involved significant others/families to meet needs identified in the clinical assessment and/or treatment plan, including rehabilitation.
Counseling (individual, group, families and significant others)	The professional knows how to facilitate the client's progress toward mutually agreed upon treatment goals and objectives. Counseling includes individual, peers, couples, family, and group methods that are sensitive to the client's individual characteristics, the influence of significant others/families, and the client's cultural and social context.
Client, Family and Community Evaluation	The professional can provide clients, families, significant others, and community-based organizations with information about the risks associated with substance use and available prevention, treatment, and recovery resources.
Documentation	The professional can record the screening and intake process, assessment, and treatment plan, as well as prepare written reports, clinical progress notes, continuing care plans, discharge summaries, informed consents, treatment and other client-related data.
Professional and Ethical Responsibilities	The professional adheres to generally accepted ethical and behavioral standards of conduct and continuing professional development.

media. Advocacy, as also identified in previous studies (Tom et al., 2024), is a core competency that cuts across disciplines and is essential for driving systemic changes in addiction-related policies and practices.

Our discussions also draw attention to the unmet need for pedagogical, mentorship, and supervisory skills among addiction professionals. Effective pedagogical skills are necessary not only to ensure a highly skilful next generation of addiction practitioners but also to provide much-needed public education about addiction-related topics (World Health Organization, 2024). These roles require competencies that go beyond clinical expertise. Academics and trainers often also require competencies related to curriculum development and the ability to design and implement evidence-based strategies tailored to learners at various levels of professional development. In advocacy, proficiency in effective pedagogical skills may also prove vital, as both the general public and policymakers often need first to better understand the challenges and suggested strategies, to foster the necessary support for implementing effective interventions and policies. Thus, incorporating these competencies into training programs could help bridge the gap between knowledge generation and its practical application in the field, whether in clinical settings, educational campaigns, or advocacy. While these findings echo a growing literature calling for healthcare professionals to learn how to teach (Meyer et al., 2022; Srinivasan et al., 2011), they further highlight that these competencies play an important role across disciplines in the sector.

Similarly, the importance of understanding legal and regulatory frameworks was highlighted in the discussions. Competencies related to legal and regulatory frameworks were seen as relevant across sectors. For example, they are vital for civil organizations, which often lead advocacy efforts for changes in the regulatory frameworks to make them more responsive to the needs of often marginalized communities and the broader system. However, they are also important for people providing clinical care, as they shape their training, practice, and service types they can provide (Miovský et al., 2019). Finally, it was also noted that current training programmes tend to lack competencies related to engaging in effective prevention of substance use and addictive behaviors-related harms. An emphasis on preventing substance use and addictive behaviors itself or providing care and support to people experiencing these potential harms has often been the emphasis of existing training programmes. However, more harm reduction-informed training and related competencies can prove essential in addressing existing inequities and over-representation of marginalized communities in the prevalence of these harms.

In conclusion, our discussions highlighted the need for a more holistic and inclusive set of competencies in the addiction field across disciplines and the intervention spectrum. While clinical skills remain central for those working in the clinical space, there is also a growing need for a more interdisciplinary approach that includes effective collaboration, pedagogical and supervisory skills, research literacy, legal knowledge, harm reduction, and advocacy. Across disciplines and roles, training programs and professional development opportunities must evolve to reflect this need for a more comprehensive set of competencies, ensuring that everyone working in this area is well-equipped to respond to the complex, multifaceted, and constantly evolving field. Further research is needed to explore which competencies may be more relevant for different disciplines and roles within the field, and how these can be effectively integrated into tailored training pathways. By broadening the scope of competencies beyond clinical assessment and treatment, we can foster a more holistic and inclusive approach to substance use/addiction behavior-related harms, one that is better aligned with the wide range of disciplines working in this field and with the needs of individuals, communities, and the systems, as well as states, that we work with and support.

Authors' contributions: EK, RR, DF, and Fleur Braddick (FB) designed and organized the co-creation groups. EK, RR, and DF moderated these group discussions. Anna Volfová (AV) and Amalie Lososová (AL) provided critical feedback and helped shape these discussions. All authors contributed to the discussions. RR wrote a first draft of the manuscript with critical feedback from EK, AV, and AL. All authors discussed the results and provided input to the manuscript.

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