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Original research article

Substance abuse in occupational therapy: a questionnaire survey among Czech occupational therapists

Lenka Hormandlová [1, 2] *, Petra Sládková [1, 2, 3]

[1] *Faculty Hospital Bulovka, Rehabilitation Clinic Faculty Hospital Bulovka and Faculty of Biomedical Engineering CTU, Prague, Czech Republic*
[2] *Charles University, First Faculty of Medicine and General University Hospital Prague, Department of Addictology, Prague, Czech Republic*
[3] *University of West Bohemia in Pilsen, Faculty of Health Studies, Pilsen, Czech Republic*

Abstract
The aim of the study was to map the awareness, attitudes, and experiences of occupational therapists in the Czech Republic regarding substance abuse among clients/patients in occupational therapy. The research focused on the frequency of contact with these clients, the impact on therapy, the availability of professional education in this area, and attitudes towards prevention and interventions. Emphasis was also placed on the importance of multidisciplinary cooperation.

Data were collected through an online questionnaire created by the authors, distributed among members of the Czech Association of Occupational Therapists (CAE) and disseminated through social networks. The questionnaire contained both closed and open questions focused on the empirical experience of the respondents. The research group consisted of 42 occupational therapists working in various areas of practice in the Czech Republic.

A total of 81% of the respondents stated that they had encountered clients using addictive substances. The use of these substances negatively affects the functional state of the clients and the therapeutic process itself. More than 69% of the respondents stated that they did not have an addiction specialist available in their area.

Multidisciplinary collaboration is crucial but often limited. The results may contribute to the adjustment of educational programs and the development of occupational therapy practice, especially in the area of working with clients/patients engaged in risky substance use.

Keywords: Multidisciplinary approach; Occupational therapist education; Occupational therapy; Quality of life; Risk behavior; Substance abuse

Introduction

The number of people suffering from mental, neurological, and addictive disorders (MNDs) is increasing worldwide. One in ten people suffer from a mental disorder, but only 1% of health workers worldwide provide mental health care (WHO, 2016). The World Health Organization (WHO) has issued standardized guidelines for the assessment and treatment of mental, neurological, and substance use disorders (WHO, 2016). Although these guidelines include screening tests and a set of psychosocial interventions, occupational therapy (OT) is only mentioned marginally – and only as a recommendation when available (WHO, 2016).

Substance abuse is a serious societal problem that negatively affects the health, psychological, and social life of an individual (Chomynová et al., 2023). This problem also extends to the field of rehabilitation, including occupational therapy, where professionals encounter clients whose ability to engage in everyday activities may be complicated by substance abuse. Occupational therapy is part of the rehabilitation process, emphasizing the restoration of independence and quality of client's life, and substance abuse can significantly threaten these goals (Krivošíková, 2011).

Although the impact of addictive substances on health and functioning is widely studied in the fields of medicine and psychology, the specific impact on the course of occupational therapy and its production has not yet been sufficiently investigated. Occupational therapists can face a number of challenges in their work, from compatible collaboration to complications associated with withdrawal symptoms or relapses.

This study aims to investigate how often and in what contexts occupational therapists encounter substance abuse issues, the strategies they use when working with these clients, and how they perceive their preparedness and support in this area. The results may contribute to a better understanding of the role of occupational therapy in the context of working with substance-dependent clients as well as suggestions for improving educational and methodological tools.

* **Corresponding author:** Lenka Hormandlová, Faculty Hospital Bulovka, Rehabilitation Clinic Faculty Hospital Bulovka and Faculty of Biomedical Engineering CTU, Budínova 67/2, 180 81 Prague 8 – Libeň, Czech Republic; e-mail: lenka.hormandlova@bulovka.cz
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Materials and methods

The research took place from early-October 2024 to mid-January 2025 in the Czech Republic. The highest frequency of questionnaire completion occurred between October 9 and November 8, 2024.

First, an anonymous questionnaire was created and sent by the Czech Association of Occupational Therapist (CAE) to all members (288) via email. The CAE questionnaire was then promoted on its social networks. The authors themselves shared the questionnaire on social networks. The questionnaire was created within Survio, the online platform for collecting questionnaires. The online data collection method was chosen due to the advantage of its immediate availability and rapid dissemination among respondents. The entry criterion was the ability to independently complete the online questionnaire. The questionnaire contained 17 questions, 11 of which were closed (with the option of choosing the answer yes/no/don't know), while 6 questions were open. The respondents were occupational therapists from the Czech Republic (N = 42).

At the beginning of the research, the CAE was contacted with a request for help with the promotion of the questionnaires. The author herself also shared the questionnaire using social networks. CAE promoted the request to share the call on its social networks (such as Instagram and Facebook) and also sent an email asking all its members to complete the questionnaire. In total, the questionnaire link was visited 203 times and completed by 42 respondents, so a total of 20.7% of respondents responded successfully.

Statistical data processing included the determination of descriptive statistics of the sample in the form of the number of respondents (n), frequency, and contingency tables and charts. Microsoft Excel was used for basic statistical data processing, while Jamovi software was used for more advanced statistical analyses.

File characteristics

The research group consisted of occupational therapists who were reached through the Czech Association of Occupational Therapists and contacted on social networks by the author, specifically on Facebook.

Ethical assurance and data protection

The research was conducted in accordance with the ethical principles for non-invasive social research and strictly followed the recommendations of the Declaration of Helsinki, which emphasizes the protection of the rights, well-being, and privacy of participants.

Informed consent and voluntariness

Informed consent was provided electronically. On the first page of the questionnaire, respondents were presented with a text in an understandable form that included: the purpose and objectives of the study, a guarantee of absolute voluntary participation and the right to discontinue the questionnaire completion at any time without specifying a reason, and a guarantee of anonymity and data security. Continuing to fill out the questionnaire itself was considered an explicit expression of informed consent (Hendl, 2016).

Formal ethical approval

Formal ethical review board approval was not requested as the study met the criteria for exemption from the requirement to seek approval. The research was implemented as an anonymous online questionnaire that did not involve invasive procedures, medical interventions, or the collection of sensitive biometric or clinical data, and was not conducted on vulnerable populations. The risk for participants was minimal (only the time spent completing the questionnaire).

Anonymity and data protection

Anonymity and confidentiality of data were ensured at the highest possible level:

- *Data collection:* The data collection system was set up in a way that avoided collecting any personally identifiable information (e.g., IP addresses, emails, names).
- *Security:* Data is stored in encrypted and secure form in accordance with the requirements of GDPR [General Data Protection Regulation] (Hendl, 2016).
- *Presentation of results:* All results are analyzed and presented exclusively at an aggregate level, eliminating the possibility of identifying individual respondents.

Sampling was also used to recruit new respondents. This method serves to gradually recruit new respondents based on nominations from already approached people who share common experiences or certain characteristics (A guide to conducting snowball sampling, 2003).

The following criteria were established for including respondents in the research:

- Occupational therapist working all around the Czech Republic.
- Occupational therapist working on any working day (incl. parental leave, maternity leave, temporary employment, self-employed).
- Occupational therapist who has graduated in occupational therapy (according to § 7 of Act No. 96/2004 Coll.).
- Occupational therapist who voluntarily agrees to complete and submit the questionnaire (ability to complete the questionnaire according to the given instructions).

Results

Demographic data

The study included a total of 42 respondents. The vast majority were women (95.24%, i.e., 40 female respondents) compared to only 2 men (4.76%).

Education and length of experience

Education: A total of 39 respondents had a university degree in occupational therapy, of which a bachelor's degree dominated (52.38%, i.e., 22 respondents). 40.48% (17 respondents) held a master's degree.

Experience: The majority of the group consisted of occupational therapists with a bachelor's degree and 0–5 years of experience, 28.57% (22). This was followed by respondents with a master's degree and up to 5 years of experience, 24.81% (17) – Chart 1.

Place and form of work

Place of work: Most respondents worked in the Capital City of Prague (50%, i.e., 21 people). There were no respondents represented in the Pilsen, Liberec, and Zlín regions.

Form of occupational therapy: The predominant form of care provided was inpatient (61.90%) and outpatient (54.76%). 21.43% chose the option of "other".

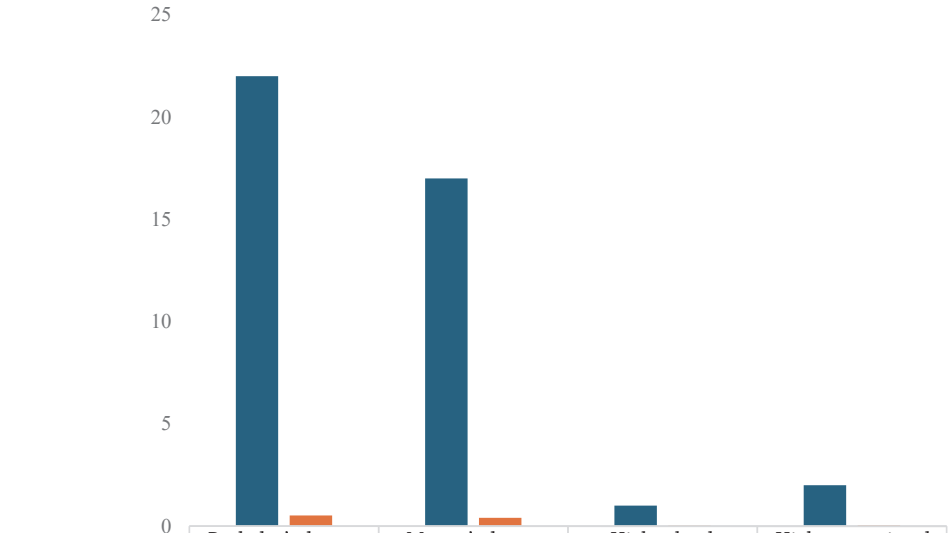


Chart 1. Education

Abused patients and the course of therapy

Encounters with abuse and types of substances

Encounter with overuse: The majority of respondents, specifically 80.95% (34), had encountered patients abusing addictive substances in their practice. Only 11.90% (5) had not. The third answer to this question, "I don't know", was chosen by 7.14% (3) of respondents.

Most commonly abused substances: This question follows on from the previous question; if respondents answered "yes", they were asked to indicate in the following question which substances patients most commonly abuse. Respondents listed alcohol, marijuana, cigarettes/nicotine, methamphetamine, heroin, coffee, and antidepressants. This question was open-ended. Frequencies are listed in Table 1.

Table 1. Substance abuse

Abused substance	Total number of mentions
Alcohol	22
Cigarettes/Nicotine/Tobacco	17
Drugs (unspecified)	7
Marijuana/THC/Cannabinoids	7
Pervitin (Methamphetamine)	5
Medication/Pharmaceuticals (general)	4
Opiates/Opioids (including heroin)	3
Benzodiazepines	2
Coffee	2
Kratom	1
Cocaine	1
Antidepressants/Anxiolytics/Hypnotics	1
Total	**42**

The impact of overuse on therapy

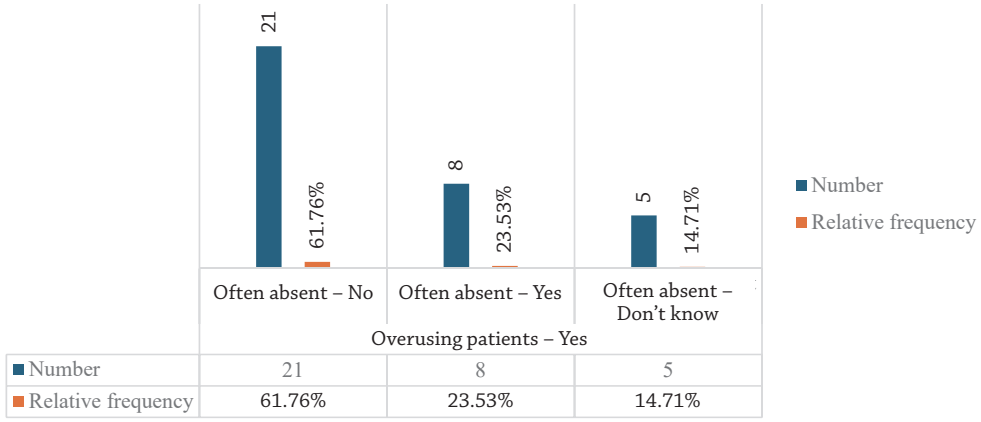
Difficulties in therapy: The most frequently mentioned problems caused by overuse were attention deficit disorder and slowed psychomotor speed, as well as reduced motivation and poor quality of cooperation, problems in cognitive functions, and occasional aggression. The respondents mentioned most often attention deficit disorder, reduced motivation, aggression, inhibition, and problems in cognitive functions.

Insight into the situation: The largest group of respondents, 41.7% (20), stated that the overusing patients do not have insight into their situation, 35.4% (17) believed that they do, and 22.9% (11) answered "I don't know".

Engaging in therapy: The most frequently mentioned problems were related to motivation, insight, fatigue, aggression, passivity, and non-compliance with self-therapy. Respondents also reported problems with non-compliance with assigned self-therapy, sexist innuendos, and late arrivals for smoking therapy. Four respondents answered that they do not observe any difficulties in therapy with patients who abuse substances. Two respondents answered, "I do not know", two stated that they did not understand the question, and two included in their answers specific activities that they carry out with abuse patients during therapy (mobility training, daily activities and cognitive functions, upper limb training, social skills training).

Withdrawal symptoms: A slight majority of respondents, 52.38% (22), had not experienced withdrawal symptoms in patients in occupational therapy, while 47.62% (20) had experienced this (e.g., tremors, headaches).

Absence: The majority of respondents, 64.3% (27), did not encounter frequent absences in overusing patients, 19% (8) of respondents encountered frequent absences, and 16.7% (7) of respondents answered, "I do not know". When comparing only those who encountered overuse, 61.76% (21) confirmed that these patients do not have frequent absences either. 23.53% of respondents reported that these patients have frequent absences from therapies (8), and 15.71% of respondents answered, "I don't know" (5) – Chart 2.



	Often absent – No	Often absent – Yes	Often absent – Don't know
Number	21	8	5
Relative frequency	61.76%	23.53%	14.71%

Chart 2. Overusing patients and frequent absences

Differences in autotherapy: 61.90% (26) of respondents do not perceive a difference in home preparation/self-therapy between overusing patients and other patients, 38.10% (16) stated that they perceive differences in self-therapy and home preparation between overusing patients and other patients.
Patient manifestations: Respondents most often reported problems in the area of cognitive functions (speech disorders, understanding, attention), slowed psychomotor speed, aggression, nervousness, and lack of interest in self-care/therapy or also frequent manifestations of withdrawal symptoms such as tremors, headaches and hypo/hyperreactivity. Specific answers with the reported manifestations and their frequency are listed in Table 2.

Table 2. Withdrawal symptoms

Response (manifestation of a substance-abusing patient)	Frequency	Percentage
Slowed down, lies, is unreliable	1	2.3%
Slowed psychomotor tempo, have difficulty understanding, I have encountered speech disorders	1	2.3%
Depends on the type of substance. Experience: mostly passivity or trivializing the situation, lack of motivation to solve any difficulties. With some patients, it might not be noticeable in everyday behavior	1	2.3%
In the case of alcohol: odor, they tend to be unfocused, aggressive, have attention and stability disorders	1	2.3%
More communicative, drifts off topic, talks about their life stories	1	2.3%
More distracted, less focused	1	2.3%
Mostly have issues with aboulia (low motivation), often lie even when not necessary	1	2.3%
Again, it varies	1	2.3%
Impatient, attention disorder, excited	1	2.3%
Non-standardly	1	2.3%
Does not cooperate adequately	1	2.3%
Lack of focus (inattention)	1	2.3%
I have no experience	1	2.3%
I have no experience. Probably will be restless, uninterested	1	2.3%
Lacks behavior control	1	2.3%
Is more restless (usually more when they need a dose), may have a more planned day to find a space to take it, depends on how much and what substances they use, may also be very aggressive, but doesn't have to be. Can also be dull (obtunded). Variations depend on the substance, duration of use, and time since last use	1	2.3%
It is their frequent topic of conversation, they need assurance that they will be able to use the substance again	1	2.3%
Is distracted, unfocused, touchy and aggressive, resistant/dismissive	1	2.3%
Is nervous, irritable, distracted, poorly focused, may feel pain, problems with defecation	1	2.3%
Is inconsistent in their behavior and approach to therapy	1	2.3%
It varies, but mostly lack of interest in therapy prevails (unless it's walking practice for smokers), lack of interest in self-care	1	2.3%

Table 2. ***(continued)***

Response (manifestation of a substance-abusing patient)	Frequency	Percentage
Hyper/hypo-reaction, aggression, withdrawal, threatening, may be out of touch with reality	1	2.3%
Children	1	2.3%
Withdrawal symptoms (tremors, headache), frequent absences	1	2.3%
Somewhat intrusive, weak jokes	1	2.3%
May experience speech disorders, vision, stability or locomotion issues, restricted gross or fine motor skills. Also affects concentration, cooperation, more frequent confabulation. Large differences based on substance type, duration of use, amount, etc.	1	2.3%
May manifest as I wrote before or the opposite; it might not be noticeable at a given moment. It would also depend on the substance they abuse	1	2.3%
May be quite sluggish (dull) or, conversely, hyperactive, possibly aggressive	1	2.3%
I have already described it in the previous question	1	2.3%
Is tense, has distorted perception and concentration on the therapeutic activities. May experience mood swings – sadness/anger + potential manifestations of withdrawal symptoms. These individuals often have tendencies to manipulate their surroundings	1	2.3%
Distraction, difficulty maintaining attention	1	2.3%
Too stimulated or conversely sluggish (obtunded) or depressed, mania, distraction, inability to fixate gaze. An odor is often noticeable (smell of cigarettes or alcohol)	1	2.3%
Attention disorder, orientation disorder, gait stereotype disorder, exaggerated grimaces, often smells, dresses strangely, increased expressiveness	1	2.3%
Slow, unfocused, clumsy	1	2.3%
Dullness (obtundation), or conversely agitation	1	2.3%
Personality prominent	1	2.3%
Dullness (obtundation), or conversely aggression	1	2.3%
A certain degree of psychic superstructure	1	2.3%
In our facility, they are more demanding in terms of nursing care. I do not notice any extra difference in terms of occupational therapy	1	2.3%
Poor concentration, inadequate reactions	1	2.3%
Various, restlessness, aggression, euphoric	1	2.3%
Various, sometimes distracted, sometimes not noticeable at first glance	1	2.3%
Distraction, obsession, disorientation, perseverative thinking	1	2.3%
Total	**42**	**100.0%**

Abused patients and the course of therapy: adaptation and strategic intervention

An analysis of occupational therapist's approaches reveals a clear strategic framework for working with patients recovering from substance use disorders. Occupational therapists adapt therapy to primarily focus on restoring key domains disrupted by addiction, and these domains de facto represent their core therapeutic strategies:

1. *Restoration of personal and instrumental daily activities (pADL and iADL):* systematic focus on personal daily activities (pADL – such as hygiene and self-care) and instrumental daily activities (iADL – such as financial management, cooking, or shopping), the deficits of which are common in this population.
2. *Cognitive training:* addressing deficits in cognitive functions (e.g., memory, attention, executive function) that are critical for maintaining abstinence and functioning in everyday life.

Respondents transform this strategic framework into highly specific and targeted interventions. In their responses, they detail the activities they carry out with substance abuse patients, demonstrating the adaptability of the therapy to individual needs:

- Mobility and activities of daily living training (pADL/iADL).
- Upper limb training (improvement of fine motor skills, coordination, and manipulation of objects).
- Cognitive function training.
- Social skills training (to enhance social integration and adaptation).

This approach thus confirms that occupational therapists actively address both basic physical and cognitive deficits, as well as social and practical skills necessary for the patients' full return to the community (Klusoňová, 2011; Krivošíková, 2011).

Cooperation and knowledge of addiction contacts

Multidisciplinary collaboration: 61.90% (26) of respondents stated that they cooperate with other professionals, 38.10% (16) of respondents did not work with other professionals.
Addiction specialist nearby: Most respondents (69.05%) stated that there was no addiction specialist in their immediate area,

30.9% (13) of respondents reported that there was an addiction specialist in their area.

Device knowledge: Most respondents (13) would refer drug-abusing patients to the Addiction Clinic of the 1st Faculty of Medicine of Charles University and the General Hospital in Prague. They also mentioned psychiatry (7), smoking cessation clinics (3), social workers (2), and general practitioners (2). The ÚVN Addiction Clinic AdiCare, Podané ruce, Mental Health Centre and Bétel Community were specifically mentioned. A total of 3 respondents answered "no" and 1 respondent answered, "I don't know".

Discussion

The aim of this questionnaire survey was to map the awareness of occupational therapists about substance abuse in occupational therapy. In the Czech Republic, there are approximately 1.1–1.7 million people showing signs of psychoactive drug abuse: most often sedatives, hypnotics, and opioid analgesics. Another very accessible and addictive substance in the Czech Republic is alcohol, tobacco, and nicotine products (Chomynová et al., 2023). Approximately 1.3–1.6 million people over 15 years of age consume risky levels of alcohol. Measuring alcohol consumption is difficult, as data are usually collected through self-reporting, where respondents tend to underreport actual consumption (Dinnyés and Pusztafalvi, 2025).

24% of the adult population reported smoking tobacco and nicotine products in the last 30 days, with 16% of respondents smoking daily or almost daily. Daily smoking is more prevalent among men aged 45–64 (Boncz et al., 2022; Chomynová et al., 2023). Although the prevalence of conventional cigarette smoking has declined, the use of alternative nicotine products has increased. The introduction of electronic devices replacing conventional cigarettes has risen significantly compared to the period before 2019 (European Health Interview Survey, 2021).

Among illegal drugs, cannabis is the most commonly used substance (25.5%), followed by ecstasy (7.8%), and hallucinogenic mushrooms (6.5%). Between 2–3% of the adult population report lifetime use of pervitin or LSD, while 1–2 have experience with substances such as cocaine, amphetamines, poppers, or hallucinogens. Experience with anabolic steroids was reported by 3.3% of respondents and volatile substances by 2.7%. These data originate from the National Research 2023, which included 6,620 randomly selected households across the Czech Republic (Chomynová et al., 2023).

A specific group of psychoactive substances includes kratom, which is particularly popular among adolescents and young adults. Experience with kratom is reported by 8–9% of adolescents. The primary risks associated with kratom use include the development of addiction and the risk of overdose, especially when combined with other substances, most often alcohol (Chomynová et al., 2023). Kratom is currently legal in the Czech Republic and its sale remains unregulated. In addition, semi-synthetic cannabinoids such as hexahydrocannabinol (HHC), hexahydrocannabinol-O-acetate (HHC-O) and tetrahydrocannabiphorol (THCP) have recently emerged. These substances were added to the list of prohibited addictive substances in March 2024. Lifetime experience with HHC has been reported by 2–7% of adults, particularly in the age group of 15–24 years (Chomynová et al., 2023).

The results of this survey confirm that the high prevalence of substance abuse in the general population is reflected in the clinical practice of occupational therapists. A total of 80.95% of respondents reported encountering patients who abuse addictive substances. The most frequently reported substances included alcohol, marijuana, cigarettes and nicotine products, methamphetamine, heroin, coffee, and antidepressants. These findings suggest that substance abuse has become a relevant factor influencing the therapeutic process, as it can negatively affect clients' functional status and therapy outcomes.

Psychosocial interventions focused on the development of life skills provided by occupational therapists represent an important and valued form of support for individuals striving to achieve and maintain abstinence or reduce substance use (Sargent and Valdes, 2021). Occupational therapy emphasizes meaningful activities, daily routines, and the promotion of independence, which are particularly relevant for individuals with substance-related impairments.

The research population consisted of occupational therapists working in the Czech Republic (n = 42). According to the Czech Association of Occupational Therapists, the association has 288 registered members (CAE, 2025b). Ideally, all occupational therapists in the Czech Republic would be included in the research; however, this was not feasible due to the absence of a unified national database and the fact that membership in the professional organization is not mandatory. Consequently, it was not possible to contact all occupational therapists working in the country.

Several limitations affecting the interpretation of the results must therefore be acknowledged. The primary limitation is the small sample size and the use of non-probability sampling methods, including voluntariness, availability, and snowball sampling (A guide to conducting snowball sampling, 2003). Due to these methodological constraints, the findings cannot be generalized to the entire population of Czech occupational therapists and should be understood as an exploratory probe into the issue.

Another important limitation is the uneven regional representation of respondents. A strong predominance of participants who work in the Capital City of Prague (50%) and with shorter professional experience (0–5 years) suggests that the results primarily reflect conditions typical of large metropolitan facilities. Occupational therapists working in smaller municipalities or regions with different care structures may therefore be underrepresented, which may influence the overall picture of professional preparedness and experience.

The majority of respondents were female; of the 42 respondents, two were men (4.76%) and forty were women (95.24%). Most respondents held a university degree: 52.38% had a bachelor's degree and 40.48% had a master's degree in occupational therapy. In terms of education and length of practice, the largest group consisted of occupational therapists with a bachelor's degree and 0–5 years of experience. A substantial proportion of respondents also held a master's degree with the same length of practice. These findings correspond with the relatively recent and dynamic development of occupational therapy in the Czech Republic (Klusoňová, 2011; Švestková, 2015).

From the total number of analyzed questionnaires, it follows that half of the respondents worked in Prague. No respondents were recorded from the Pilsen, Liberec, or Zlín regions. As of February 2025, a total of 183 facilities providing occupational therapy services operate in the Czech Republic, of which 42 are located in Prague (CAE, 2025a).

Another section of the questionnaire focused on the rehabilitation process and aimed to explore how addictive substances affect rehabilitation from the perspective of occupational therapists. Kiepek and Magalhães (2011) emphasize

the evolving role of occupational therapists in working with individuals with addictions, including psychoeducation as an integral part of their practice. Respondents reported that substance abuse often represents a significant barrier to effective therapy, manifesting as attention disorders, slowed psychomotor pace and reduced motivation for cooperation, which is consistent with findings reported by Kakatkar et al. (2022). Distorted perception of one's own situation, including denial or withdrawal, may be associated with both mental illness and the cognitive effects of addictive substances (Havlíková, 2019).

These findings indicate that substance abuse can substantially limit patients' ability to engage fully in therapeutic activities, resulting in reduced effectiveness of occupational therapy and the need to adapt therapeutic approaches to these specific challenges. A total of 41.7% of respondents perceived substance-abusing patients as lacking insight into their situation, which complicates the therapeutic process. Conversely, 35.4% of respondents stated that some patients do demonstrate insight and motivation to cooperate, suggesting heterogeneity within this population.

Respondents frequently mentioned difficulties with motivation, aggression, and attention, as well as fatigue and passivity, which negatively affect therapeutic cooperation. Withdrawal symptoms were reported by 47.62% of respondents, indicating that therapeutic work may be complicated by fluctuations in patients' physical and psychological state. Frequent absences were reported by a smaller proportion of respondents (19%), while the majority did not observe regular absenteeism. This suggests that some patients maintain sufficient motivation and discipline to participate in therapy despite other difficulties.

External influences, such as transportation problems, personal or family difficulties, are among the most common reasons for non-attendance at scheduled interventions (A guide to conducting snowball sampling, 2003). Lack of motivation was identified as another contributing factor. Forman and Nagy (2006) emphasize that patients are more likely to cooperate and continue treatment when they feel accepted, supported, and perceived as equal partners in the therapeutic process.

A key characteristic of occupational therapy interventions in the context of substance abuse is strong individualization and adaptation to the client's current condition. Occupational therapy interventions target deficits commonly observed in this population, particularly attention and executive function disorders, slowed psychomotor pace, and reduced motivation. These challenges are addressed primarily through meaningful activities and targeted skills training, which represent core occupational therapy approaches (Krivošíková, 2011). Although respondents did not always explicitly identify specific theoretical models, their interventions correspond with established occupational therapy principles.

This individualized approach enables occupational therapists to create a safe and structured environment in which clients can gradually restore functional abilities and independence. The majority of respondents (61.9%) did not observe significant differences between substance-abusing patients and other clients in terms of self-therapy and home preparation. This finding suggests that occupational therapy can be similarly effective in this population when interventions are appropriately adapted. Svěcená and Rodová (2019) highlight the effectiveness of occupational therapy focused on self-sufficiency, work activities and leisure in addiction treatment.

Collaboration with other professionals, including addiction specialists, psychiatrists, and social workers, was reported by 61.9% of respondents. Interdisciplinary cooperation is essential for comprehensive care, as it integrates cognitive, psychological, and social perspectives. An interdisciplinary approach is increasingly considered a standard in healthcare, with occupational therapists playing an important role within these teams (Shaw et al., 2008). A review by Kools et al. (2022) identifies activity-based interventions, skills training, and the establishment of daily routines as key areas of occupational therapy involvement in addiction care.

A significant finding of this research is that 69.05% of respondents reported the absence of an addiction specialist in their workplace. This lack of access to specialized consultation indicates insufficient systemic support and may negatively affect occupational therapists' perceived preparedness to work with substance-abusing patients. Although occupational therapists should be integral members of multidisciplinary addiction treatment teams (Svěcená and Rodová, 2019), professional literature suggests that their role is not yet fully established in practice (Kalina et al., 2003).

The results of this research provide valuable insight into the experiences and approaches of occupational therapists working with patients who abuse addictive substances. The findings highlight the complexity of this work and the influence of factors such as patient motivation, cognitive impairments, and interdisciplinary cooperation on therapeutic outcomes. At the same time, the limited availability of addiction specialists and the scarcity of literature addressing collaboration between occupational therapists and addiction specialists represent significant barriers.

Conclusion

In conclusion, occupational therapists in the Czech Republic frequently encounter patients who abuse addictive substances and face specific challenges related to motivation, cognition, and cooperation. Despite these difficulties, occupational therapy demonstrates significant potential as a supportive component of addiction treatment, particularly through psychosocial interventions focused on life skills development and the promotion of independence. To fully utilize this potential, it is necessary to strengthen interdisciplinary collaboration, improve access to addiction services, and increase awareness of the role of occupational therapy in addiction care. Future research should focus on more representative samples and further exploration of effective occupational therapy interventions for this population.

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Ethical aspects and conflict of interest
The authors have no conflict of interest to declare.

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