

INL Global Strategy for Addressing Substance Use

Brian A. Morales

Division Director, Global Drug Demand Reduction Programs

U.S. Department of State

Bureau of International Narcotics and Law Enforcement Affairs



Presentation Outline

- INL and the U.S. Government
- Overview of current global drug use situation
- INL's global strategy
- Opportunities for collaboration

Presentation Outline

- What and where is INL?
- Overview of current global drug use situation.
- Development of a balanced counternarcotics strategy.
- Some current challenges and proposed solutions.
- Opportunities for collaboration.

U.S. Government Organization of Drug Demand Reduction

Lead Agencies

President of the United States

Domestic Response

International Assistance & Cooperation

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)

Services in the United States

White House Office of National Drug Control Policy (ONDCP)

Drug Policy

National Institute on Drug Abuse (NIDA)

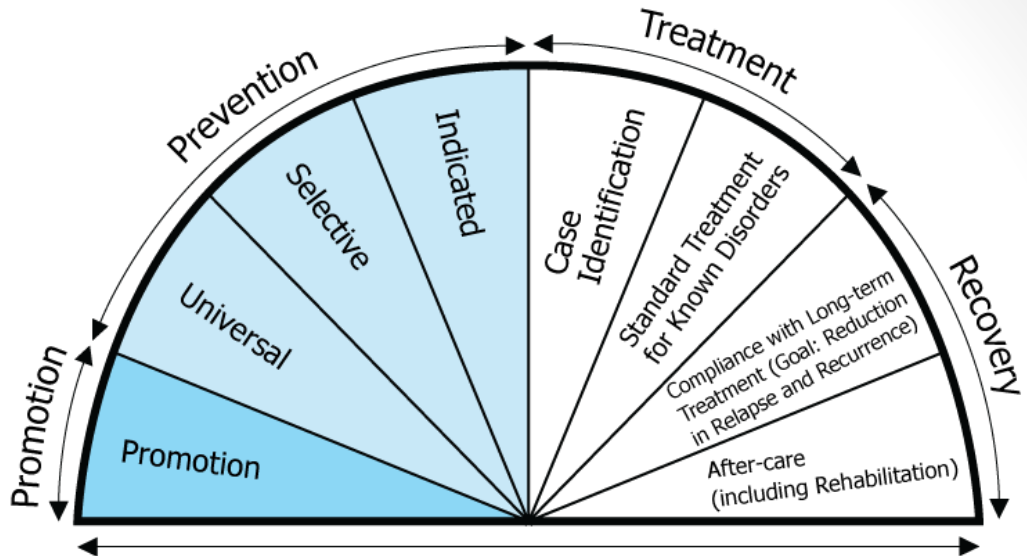
Drug Research

U.S. Department of State
Bureau for International Narcotics and Law Enforcement (INL)

Treatment and Prevention Services Internationally

U.S. Embassy Country Programs

What is Demand Reduction?



- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
- **Treatment**—These services are for people diagnosed with a substance use or other behavioral health disorder.
- **Recovery**—These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

Current Drug Use Picture



UNODC
World Drug
Report



WHO Atlas
Survey

Drug Use Around the World Today

- On a global level, drug use is stable.

Fig. 1. Global trends in drug use, 2006-2012

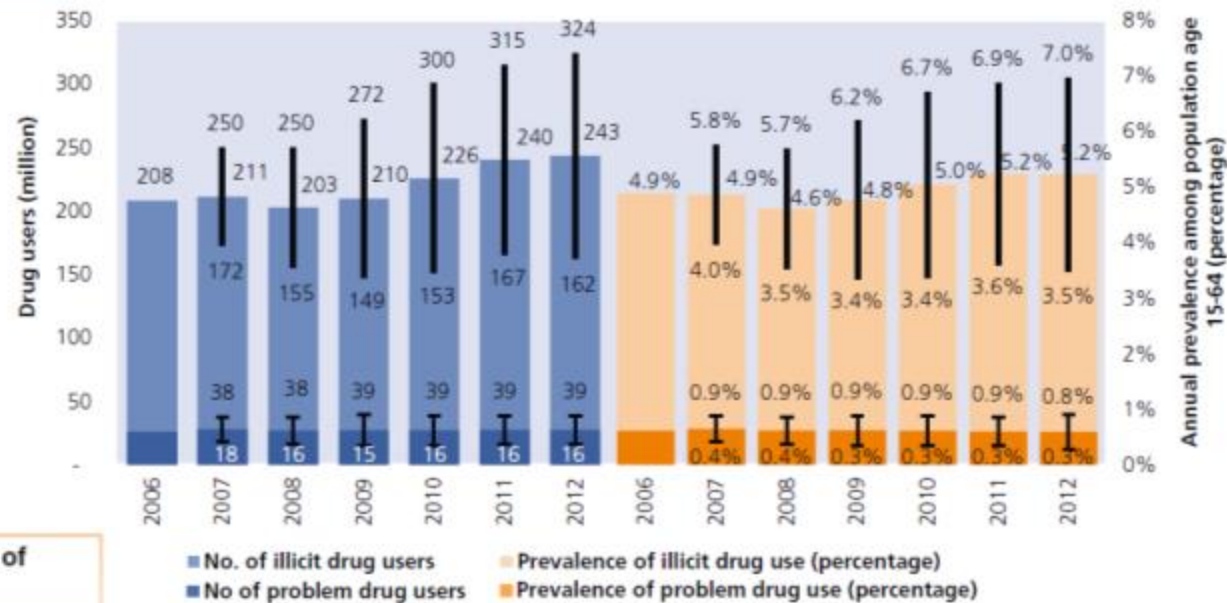
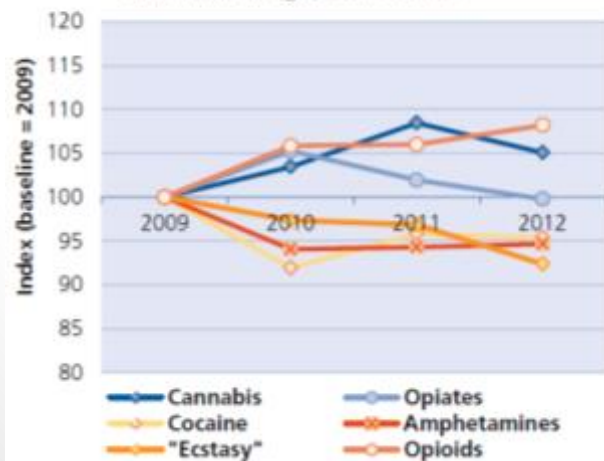


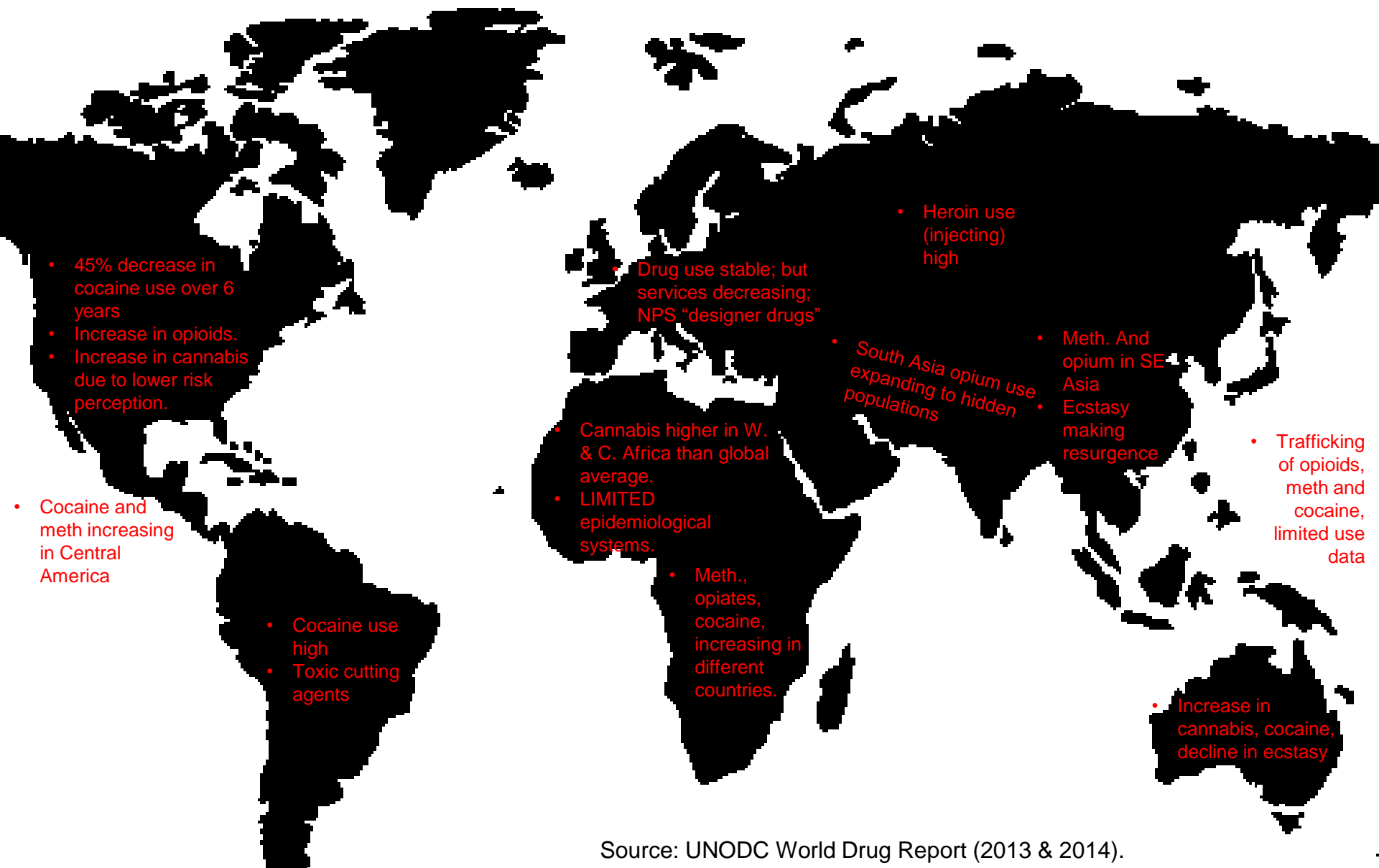
Fig. 2. Trends in the prevalence of use of different drugs, 2009-2012



- 243 million people (5.2% of world population) used an illicit drug at least once in the previous year.
- 27 million people (0.5% of world population) are problem drug users

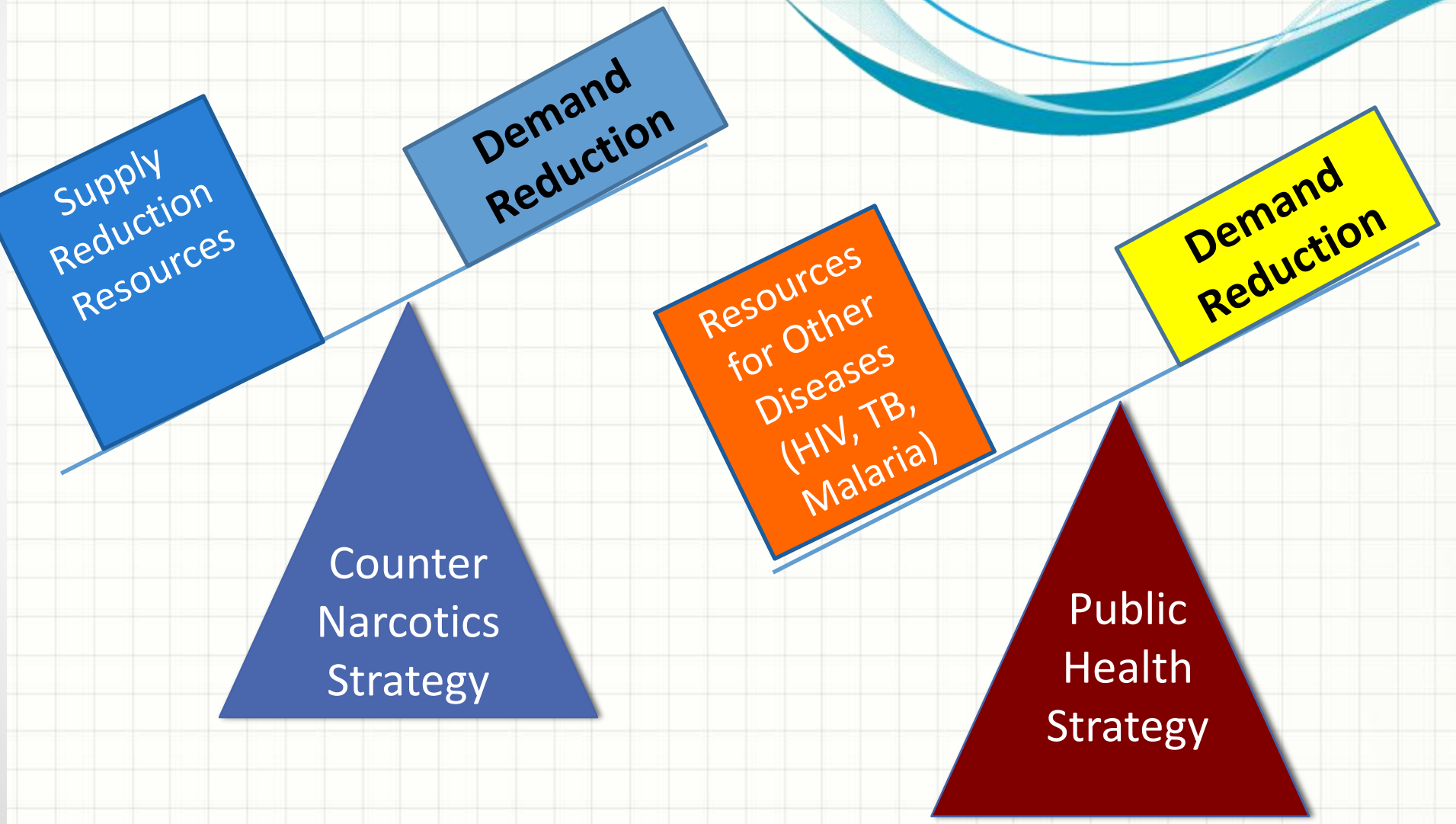
Source: UNODC World Drug Report (2014).

Drug Use Around the World Today

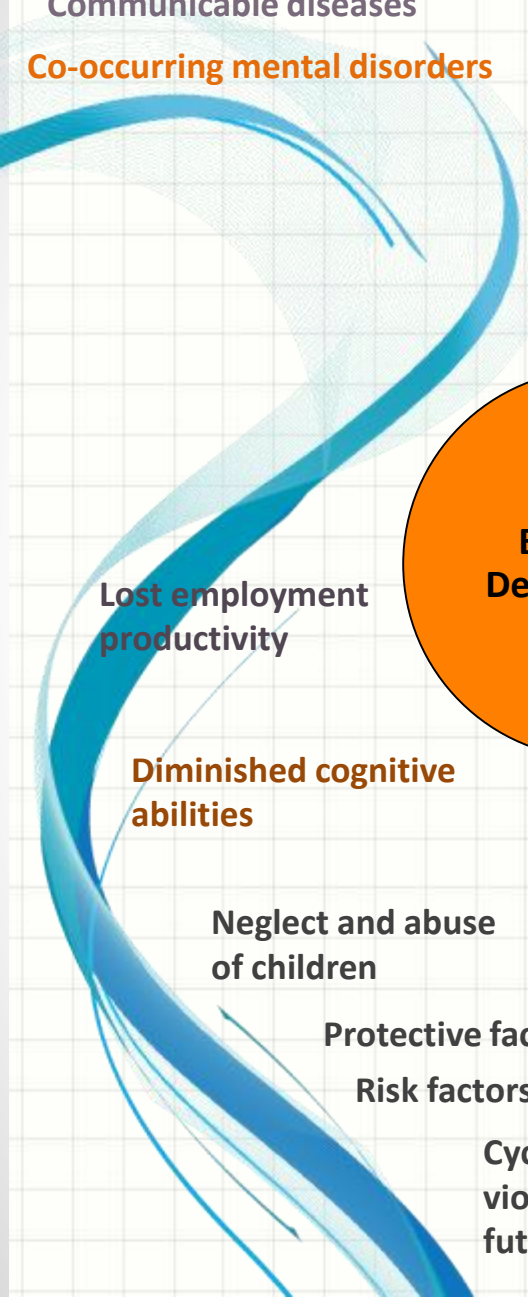
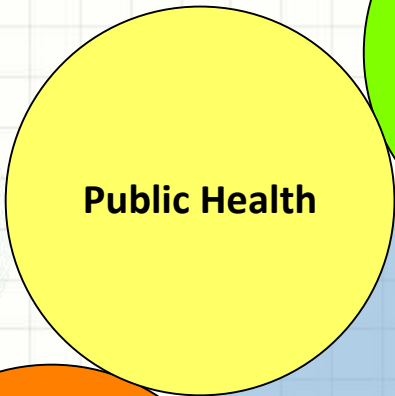
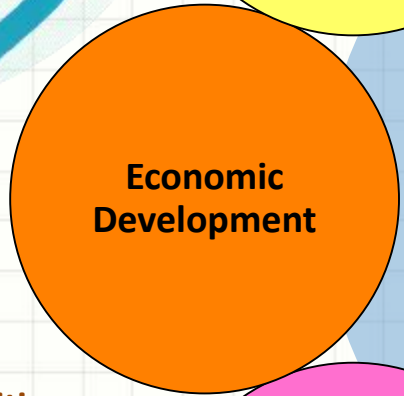
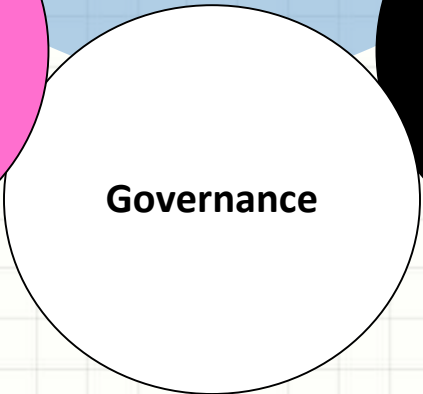
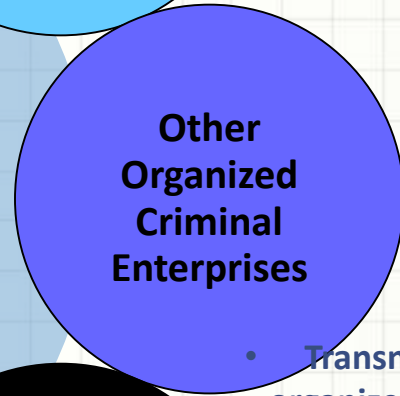
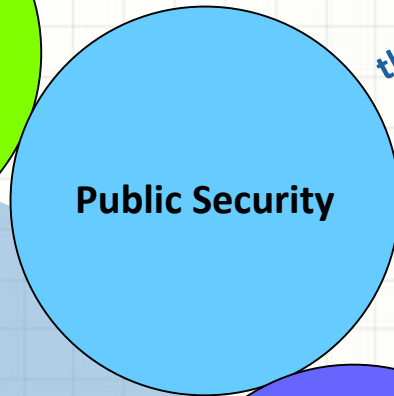
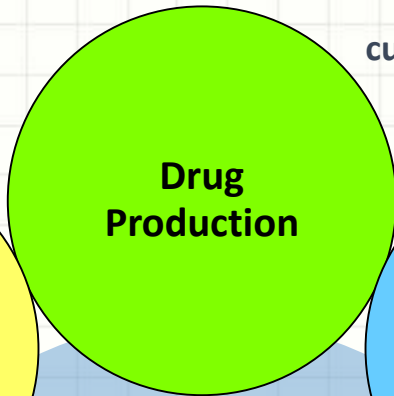


Source: UNODC World Drug Report (2013 & 2014).

Importance of Balanced Counternarcotics Strategy



Substance use has a broad reaching impact



- Transnational organized crime
- Corruption
- Money laundering
- Cybercrime
- Border security
- Trafficking in persons

The Good News!

- 70+ years of scientific research in the field, with significant advances since 1990s.
 - Innovations in behavioral and medical research
- Science demonstrates that drug treatment and drug prevention work
- Drug addiction is a chronic and relapsing disease (e.g. like diabetes, heart disease, hypertension)
- U.S. Government (NIDA) conducts 85% of the world's research in the field of substance abuse treatment and prevention, spending billions of U.S. dollars over the past decades.




The Evidence

INL Outcome Evaluations demonstrate the effectiveness of training practitioners and the success of treatment and prevention programs.

Training of Workforce Impacts *Drug Use*

- ▶ 62% reduction in any drug use post 6 months post treatment (tx) Peru, 2005
- ▶ 75% drug free six months post tx Sri Lanka, 2008
- ▶ 44% reduction in any drug use 3 months post tx Colombia, 2008
- ▶ 40% reduction in cocaine among high risk juveniles in Brazil Brazil, 2011
- ▶ 31% decrease in opium overall Afghanistan, 2012
- ▶ 45% decrease for women (past 30-day use)

Training of Workforce Impacts



Drug Production

- ▶ 25% reduction in selling drugs in Peru
- ▶ 32% reduction in drug dealing among high risk juveniles in Sao Paulo, Brazil

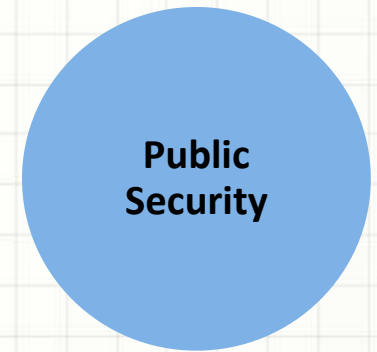


Public Health

- 66% reduction in HIV high risk behavior are reduced intravenous drug use by 66% in Thailand.
- 80% Reduction in overdose in Thailand.
- 85% reduction in intravenous heroin use in Vietnam.
- 64% decrease in suicide attempts among women in Afghanistan

Sources: *Thailand, 2005. Peru 2005. Vietnam, 2009. Brazil 2011. Afghanistan, 2012.*

Treatment Training Impacts



Public
Security

South Africa, 2004

Thailand, 2005

Colombia, 2008

Afghanistan, 2012

- 20% recidivism rate (rearrested) in Pretoria was much lower than the South African prison recidivism rate of 80%.
- 87% reduction in at least one arrest 6 months post tx
- 85% reduction in arrests and criminal activities.
- 93% reduction in arrests and criminal activities by female clients.
- 40% reduction in serious crime
- 48% reduction in non-serious crime
- 73% reduction in self-reported arrests (past month)

Treatment Training Impacts

Economic Development

- Over 65% of clients employed six months after treatment in Peru.

Other Organized Criminal Enterprises

- Gang Affiliation in El Salvador
- 70% reduction in drug use by gangs
- 83% reduction in past-month felonies
- 75% reduction in arrests and incarcerations by gang members
- 33% reduction in gang related problems in Peru

Social Impact

- Communities with coalitions had reductions in gang problems (33%), neighborhood crime (7%) and buying/selling drugs.
- 23% reduction in serious crimes among high risk youth in Brazil
- 32% reduction in non-serious crimes in Brazil.



The Bad News...

- The scientific research is not being translated to the field.
- Addiction remains misunderstood by many and non-evidence-based practices continue to be used in some treatment programs.

Non-evidence-based practices

- Only detox, no psychosocial treatment
 - Religious education in isolation
 - Cold showers, physical restraints, beatings, starvation, and other techniques
- As a result of these practices, treatment fails; then clients, families, and communities lose hope for recovery and confidence in treatment.

4 Pillars of INL's DDR Program

- I. Develop DDR Workforce
- II. Professionalize Drug Treatment and Prevention Services
- III. Build Global Networks and Community Coalitions
- IV. Address Populations with Special Needs



INL's Consortium of International Organizations



African Union



Addis Ababa, Ethiopia

Colombo Plan



Colombo, Sri Lanka

World Health Organization



World Health Organization

Geneva, Switzerland

5

Specialized Organizations with Drug Demand Reduction Expertise

Organization of American States



Washington, DC

United Nations Office on Drugs and Crime Drug Prevention and Health Branch



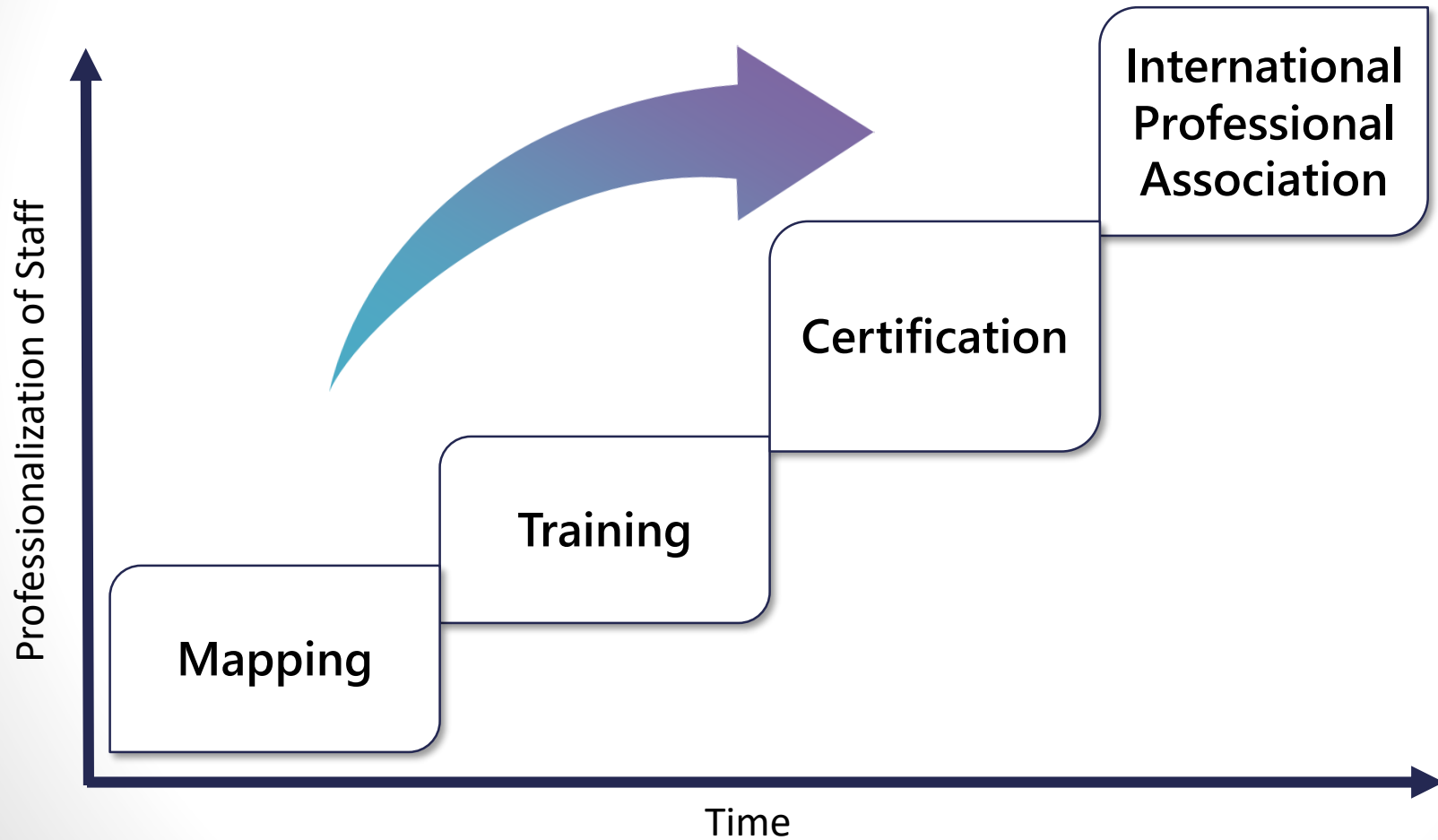
Vienna, Austria



I. Develop DDR Workforce



Developing a Global Network of Treatment Professionals





IDENTIFYING THE WORKFORCE: MAPPING TREATMENT

- Most countries lack a registry or database of all of the available treatment services in the country and their characteristics.
- Such a list is valuable for:
 - Clients and families in order to know where to access services.
 - Public health staff for referral purposes.
 - Governments in order to identify gaps in services
 - International donor community in order to work with governments to provide targeted assistance where needed.

Global Initiative to Map Treatment Capacity

- INL is partnering with five international organizations to map the treatment capacity in Asia, Africa, and Latin America.
- The mapping will form a living registry to be published on the web.
- Both government and civil society will play a critical role in providing the data.

44 States in Asia, Africa, Latin America Responding to Date

New tool for 2017: **WHO-UNODC Facility Mapping Survey**

List of all substance abuse treatment services in Afghanistan																									
No	Location	Donor	Implementer	Services							Target Groups				Capacity						Total Annual Treatment Capacity				
				Inpatient (Residential)	Out Patient	Outreach	Harm Reduction	Village Based	Community Based	After care	Shelter (# of beds)	Adults		Adolescent		Children	Number of clinical staff	Inpatient				Out-pat.	Home Based		
												Male	Female	Male	Female			Number of beds	Treatment duration factor	Annual Capacity			Annual Capacity	Number of Patients	Treatment Duration Factor
1	Kabul	INL, Colombo Plan	WADAN	1	1			1				1				17	50	4	200	0	20	8	160	360	
2		INL, Colombo Plan	WADAN	1	1			1				1				17	50	4	200	0	20	8	160	360	
3		INL, Colombo Plan	SSAWO	1	1			1				1				8	20	8	160	0	20	8	160	320	
4		INL, UNODC	SSAWO	1	1			1						1		2	10	8	80	0	0	0	0	80	
4	INL, Colombo Plan	SSAWO	1	1			1					1			9	15	8	120	0	0	0	0	120		

Universal Treatment Curriculum (UTC)

- Limited curriculum worldwide to train treatment professionals.
- INL convened a panel of experts to develop a training series for treatment staff.
- The curriculum is in the public domain and is offered to all interested countries.

Universal Prevention Curriculum (UPC)

- A tool to train addiction prevention specialists in individual and community-based prevention mechanisms.
- Does not provide a prevention program/intervention, rather highlights evidence-based research that should influence the design of prevention programs.



Universal Treatment Curriculum

- The most comprehensive training curriculum for persons delivering treatment services.
- Applicable to all modalities of treatment.
- Exhaustive review process:
 - Developers are researchers and practitioners
 - International expert working group
 - Pilot testing in different countries
 - Peer review panel from all regions of the world
 - Expert Advisory Groups provide final approval
 - Updated every three years
 - Translated and adapted for each country
- Based on experiential learning, interactive for adults with exercises.
- Currently only available in face-to-face week-long training sessions.
- Online adaptation planned for 2016.



CORE CURRICULUM

**Basic Level
(8 courses)**

**Advanced Level
(14 courses)**

Universal Treatment Curriculum

- 1. Physiology and Pharmacology (24 hrs)**
- 2. Continuum of Care (40 hrs)**
- 3. Co-Occurring Disorders Overview (24 hrs)**
- 4. Basic Counseling Skills (40 hrs)**
- 5. Screening, Intake, Assessment, Treatment Planning (40 hrs)**
- 6. Case Management (16 hrs)**
- 7. Crisis Intervention (16 hrs)**
- 8. Ethics (32 hrs)**
- 9. Pharmacology and SUD (33 hrs)**
- 10. Managing MAT Programs (20 hrs)**
- 11. Enhancing MI Skills (20 hrs)**
- 12. Cognitive Behavioral Therapy (20 hrs)**
- 13. Contingency Management (20 hrs)**
- 14. Working with Families (33 hrs)**
- 15. Skills for Screening Co-Occurring Disorders (20 hrs)**
- 16. Intermediate Clinical Skills & Crisis Management (33 hrs)**
- 17. Case Management Skills and Practices (33 hrs)**
- 18. Clinical Supervision for SUD Professionals (33 hrs)**
- 19. Enhancing Group Facilitation Skills**
- 20. Special Population Groups**
- 21. Trauma Informed Care**
- 22. Recovery Management, Continuing Care, and Wellness**

Training

Universal Treatment Curriculum Three Series:

CORE CURRICULUM

Basic Level
(8 courses)

Advanced Level
(14 courses)

SPECIALIZED CURRICULUM

Women (10 courses)

Children (6 courses)

Adolescents (under review)

Recovery (2 courses)

Rural Populations

Drop In Centers (1 course)

CURRICULUM FOR GENERALISTS

Physicians (2017)

Psychiatrists (2017)

Psychologists (2017)

Nurses (2017)

Social Workers (2017)

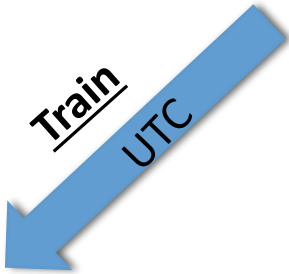
Policymakers (2016)

Law Enforcement

Corrections Staff



Colombo Plan/ICCE Global Trainers



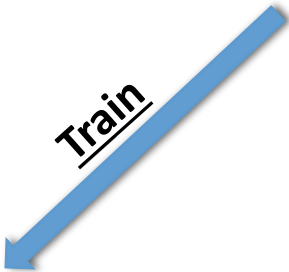
Hemispheric Trainers for Treatment

(20-30 who speak English, Spanish, Portuguese, or French)

Hemispheric Trainers for Prevention

(20-30 who speak English, Spanish, Portuguese, or French)

INL funds ICCE to train Hemispheric Trainers and Add them to their Global Pool

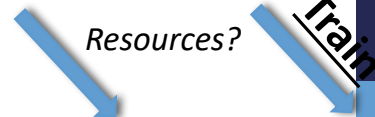


INL funds an International Organization to Train on a Country-by-Country Basis



National Trainers 15-20 per country

National Trainers 15-20 per country



Treatment and Prevention Staff

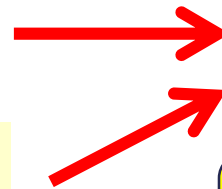


Training

National Mentors: Ensuring Fidelity in Dissemination

National Training Team

National Mentors
to provide quality
assurance and technical
DDR support to the
country's system.



National Treatment and
Prevention Workers

Latin America

Southeast Asia

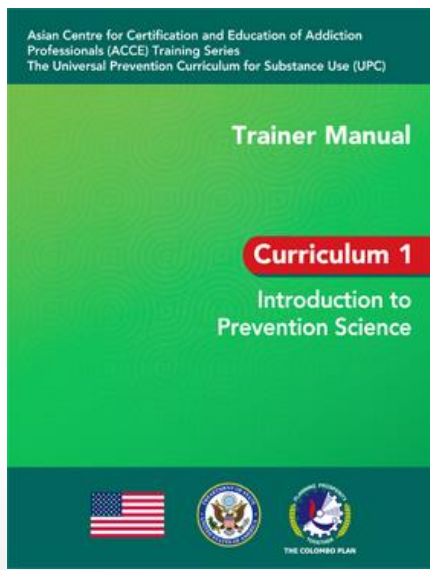
Africa

Role of National Mentors

1. Regularly visit treatment centers and prevention programs and conduct at least five mentoring sessions per week (in person or via Skype)
2. Consult with policymakers on the implementation of demand reduction programs
3. Support the establishment of recovery support groups
4. Facilitate quarterly stakeholder meeting
5. Conduct the WHO facility survey
6. Support epidemiological research
7. Promote training, examination and credentialing
8. Support the formation of ISSUP national chapters

Universal Prevention Curriculum

- Based on the UNODC International Standards for Prevention
- Experiential – adult learning
- Trains you on the essential science behind drug prevention. Does not provide you with a program to implement.
- Two series:
 1. Series for coordinators (supervisors)
 2. Series for implementers



Coordinator's Series

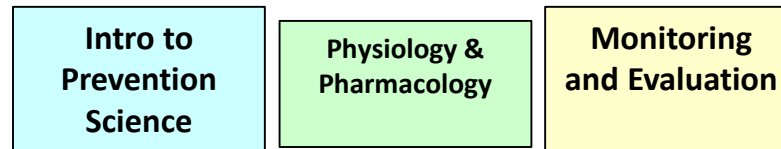
Intro to Prevention Science	Physiology & Pharmacology	Monitoring and Evaluation
Family Based Prevention	School Based Prevention	Workplace Based Prevention
Community Based Prevention	Media Based Prevention	Environmental Prevention

- Each course is 4-5 days.
- Best delivered through universities.

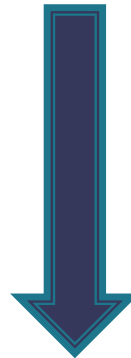


Universal Prevention Curriculum (UPC)

Implementer's Series



Specialization



5 curricula

5 curricula

6 curricula

6 curricula

5 curricula

5 curricula

7 curricula

Number of curricula per specialization



UTC and UPC Curriculum: Translated, Adapted, Adopted

Universal Treatment Curricula



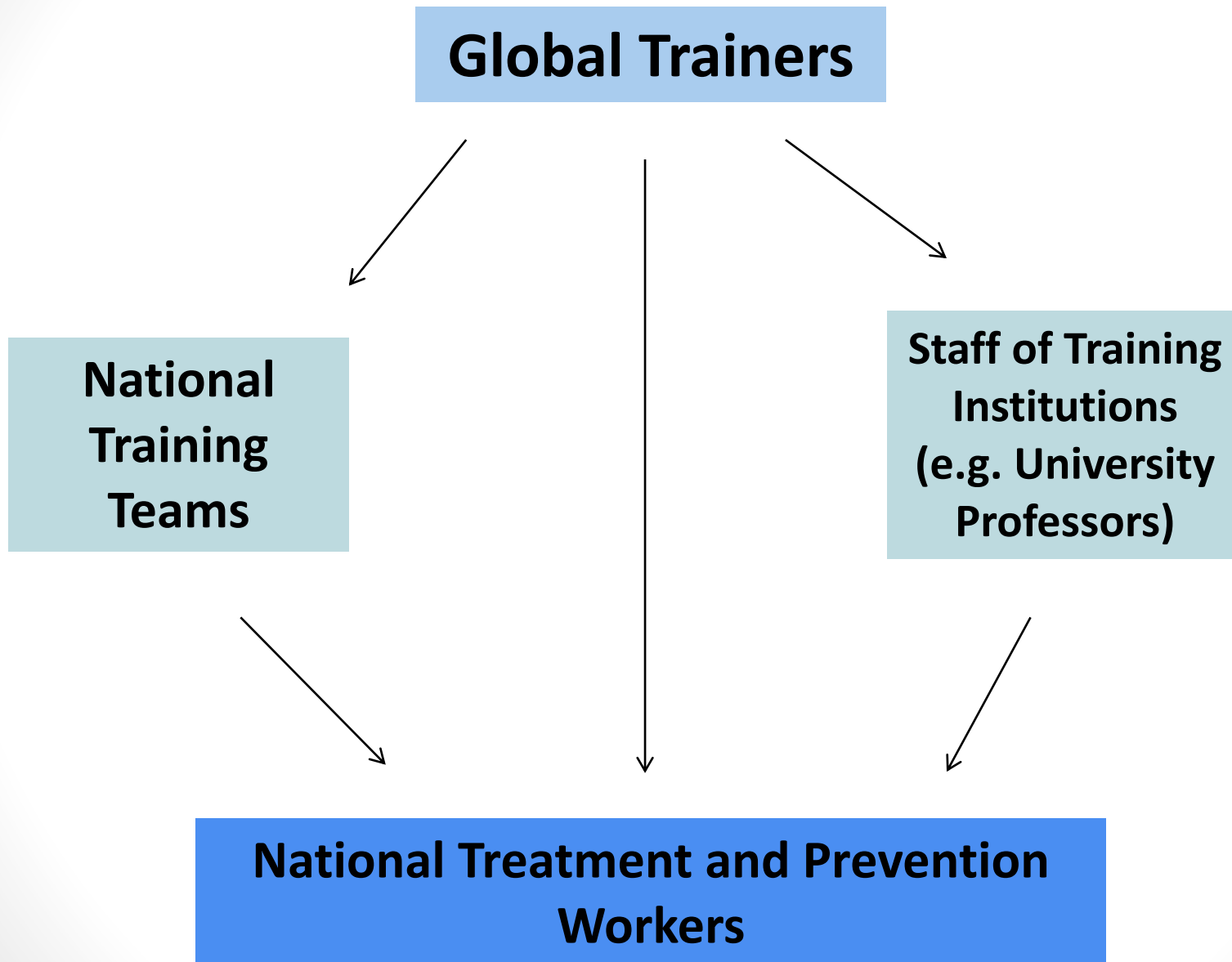
Universal Prevention Curricula



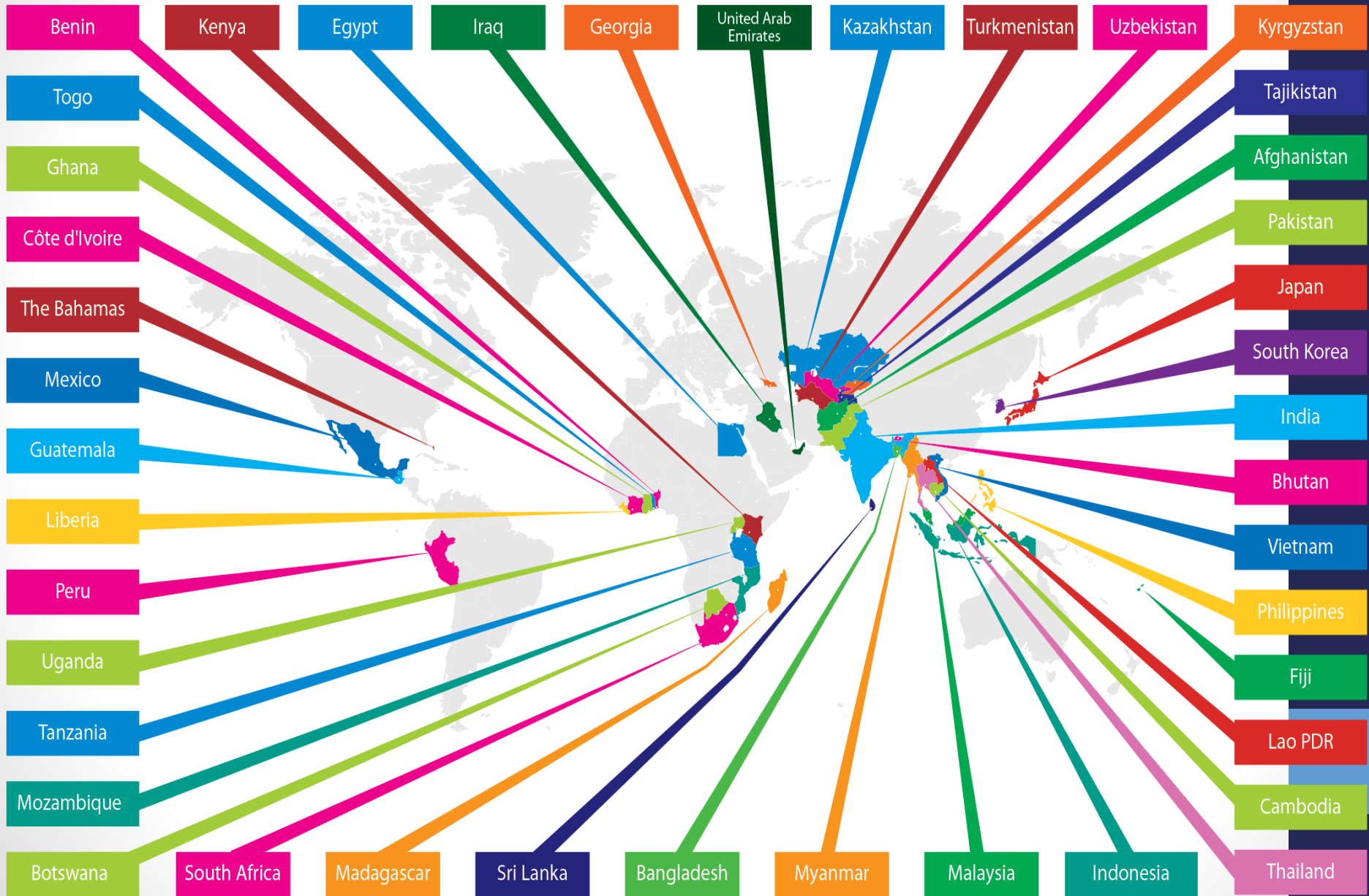
Adaptation and Translation of Manuals



Dissemination Modalities



2016 Training Program in 50+ countries



2017 Dissemination Expansion

- Delivering the UTC and UPC in the United States in 2017.
- Expansion in Eastern Europe
- Expansion in the South Pacific
- Transition of the OAS/CICAD PROCCER Program in Central America and the Caribbean to UTC/UPC
- Introduction of UTC/UPC in South America

Universal Treatment Curriculum

Options for National Dissemination in Brazil

1. Government sponsors national trainings on a regional basis, traveling regional trainers who disseminate with their own resources (implies travel cost).
 2. A state government organizes local trainers and disseminates on a regional/state basis (some travel cost needed)
 3. An NGO or private organization brings together local trainers in a large city (cost effective)
 4. A university disseminates as part of a degree or professional development program.
- In all cases, INL would support the costs of the international instructors, translation, and the initial printing of the books.
 - INL can support training of trainers, but not follow-on dissemination; and we expect the trainees to disseminate.





Credentialing

- **For the workers in the treatment and prevention field**
- Require hours of education or a *certification* (degree)
- Require clinical hours of experience
- Take and pass a multiple choice exam (e.g. 3 hours 150 questions)

Accreditation

- **For the programs or facilities.**
- Government-appointed agency conducts unannounced inspections
- Evaluation is provided based on meeting minimum or quality standards.
- Centers/programs receive an evaluation score.

Licensing

- **For the workers and programs.**
- Government-appointed agency recognizes the credentialing and accreditation process and provides the worker/program with a license to practice.
- The DDR system is regulated by the state to ensure consistency and quality standards.

Professionalization through Credentialing

Through ICCE Credentialing system

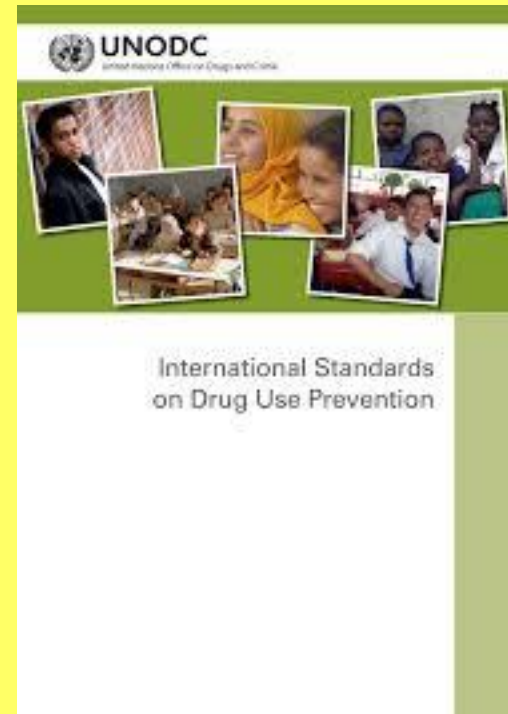
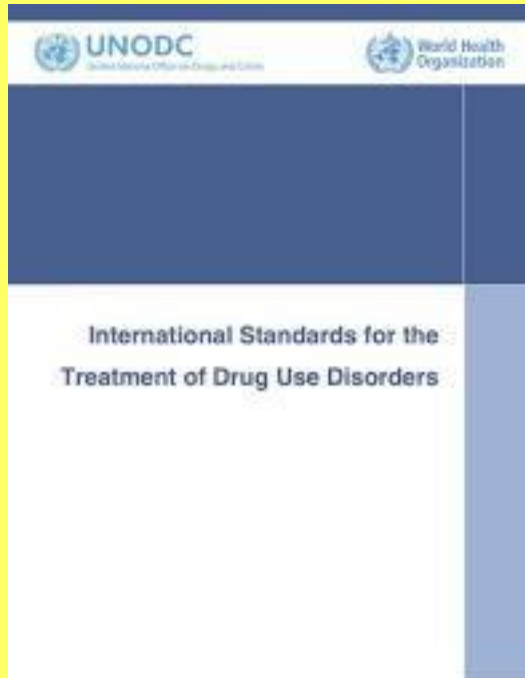
- International Certified Addiction Professional – Levels I, II, III
- International Certified Prevention Specialist – Levels I, II
- Clinical Supervision
- Recovery Coach
- Endorsements (e.g. Women’s Treatment)



II. Professionalize Drug Treatment and Prevention Services



International Standards on Treatment and Prevention



Professionalize Services

I. Develop quality standards.

- Panel of international scientists review the Int'l Treatment Standards and develop universal quality standards.
- Quality standards in treatment are irrespective of development level.
- Example of minimum quality standards
 - Protection of Client Rights, Ethical Treatment
 - Psychosocial Counseling
 - Trained and Credentialed Staff
 - Sanitation

Professionalize Services

II. Develop Universal Inspection and Accreditation System

- Participants: International team of treatment scientists, government regulators, and practitioners, led by International Organizations
- Develop an inspection system for governments to monitor, mentor, and license facilities.
 - Protocols for Monitoring Assessments/Inspections
 - Universal Inspection Forms
 - Quality Improvement Plan Template for Treatment Providers
 - Specialized curriculum to train government inspectors.

Professionalize Services

III. Provide Technical Assistance to Governments

- Governments are invited to participate in this program.
- National agency is appointed by government to conduct inspections.
- Universal protocols, forms, and curriculum are tailored and translated for the country.
- Training program conducted and international organizations credential inspectors.
- International trainers/mentors provide on site follow-up support to troubleshoot and ensure fidelity.

Professionalize Services

IV. Establish an International Regulatory Framework

- The consortium of International Organizations with input from member states work together to establish a global regulatory system for the delivery of treatment services.
- International Organizations provide:
 - Credentialing for national inspectors
 - Accreditation for national institutions that license their treatment programs
- Accreditation of national institutions is important in order to ensure a common standard and that national institutions are appropriately regulating their treatment services.

In Summary Professionalize Treatment Programs and Facilities



Develop
Global
Standards
for
Treatment

Done



Establish
Quality
Standards

March 2017

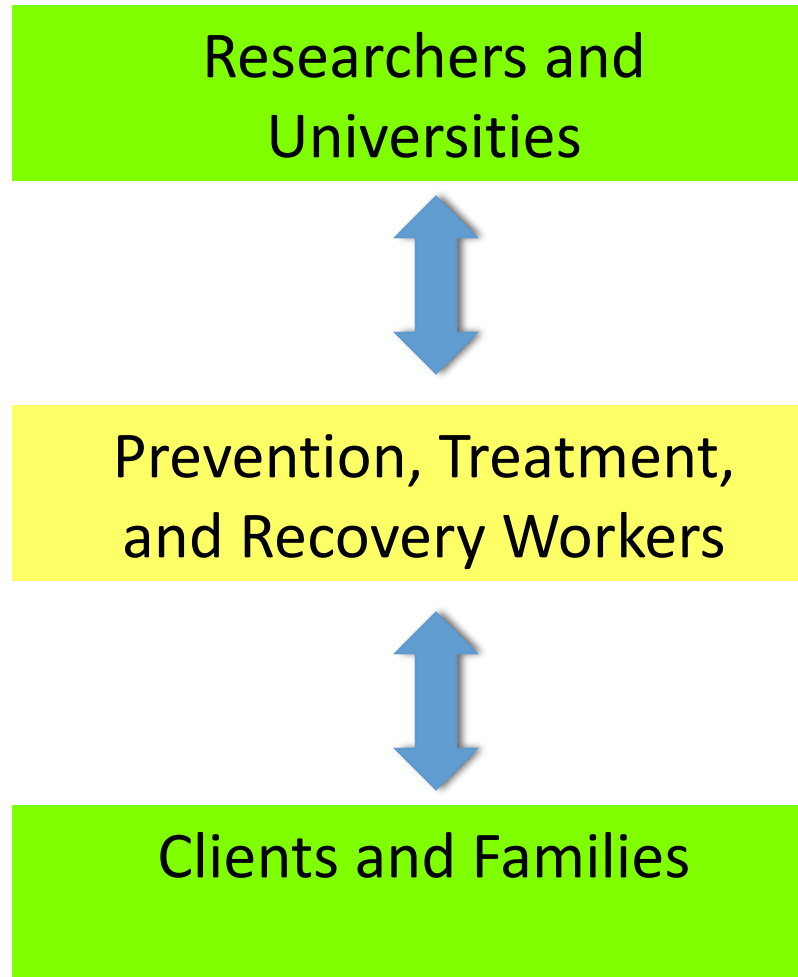


Technical
Assistance to
governments in
accreditation of
treatment
services/facilities

Late 2017

III. Build Global Networks and Community Coalitions





SUMMARY: COMPONENTS OF ISSUP



Components of ISSUP

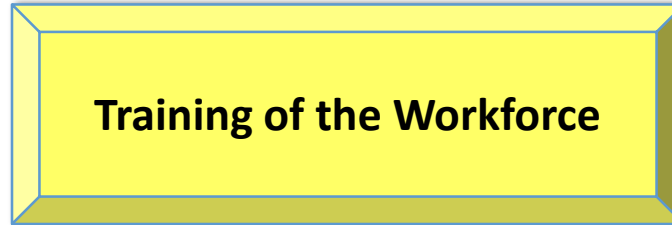
Research



- ISSUP is forming Scientific Advisory Committee.
- Scientific Sessions where researchers, university faculty, curriculum developers share knowledge about the field.
- Regular communication between researchers and practitioners via the ISSUP website.
- Greater dialogue between international associations of researcher and ISSUP members (e.g. NIDA, SPR, etc.).

Components of ISSUP

**Capacity
Building**



- ISSUP promotes the UTC, UPC and specialized training packages.
- International organization partners are also welcome to conduct training workshops at ISSUP conferences.
- ISSUP website will offer training in the future.

Components of ISSUP

Capacity Building



**Examination and
Credentialing**

- Examination and Credentialing is a necessary process for the professionalization of the treatment and prevention field.
- ISSUP promotes the credentialing process.
- Colombo Plan/ICCE Credential
 - Colombo Plan/ICCE Credentialing Exam offered at the end of each ISSUP, but also on an ad hoc basis.
- Other international and national credentialing agencies are also welcome to join ISSUP and participate in ISSUP.
 - Precondition: have reciprocity with the ICCE international credential

Launching of ISSUP

60 countries

2,200
participants

10
simultaneous
trainings

Credentialing
exam

ISSUP

INTERNATIONAL
SOCIETY OF
SUBSTANCE
USE PREVENTION AND TREATMENT
PROFESSIONALS



6 July 2015 - Bangkok Thailand

Annual Workshops

ISSUP-1: July 2015 in Bangkok, Thailand

ISSUP-2: Dec 2016 in Campinas, Brazil

ISSUP-3: Dec 2017 in Cancun, Mexico

ISSUP-4: 2018 in Addis Ababa, Ethiopia

ISSUP-5: 2019 in Vienna, Austria



ISSUP Website

- The primary interaction between members is the website.
- The primary opportunity for training and credentialing are trainings and exams conducted in your countries.
- UTC/UPC trainings in the future via ISSUP website

ISSUP INTERNATIONAL SOCIETY OF SUBSTANCE USE PREVENTION AND TREATMENT PROFESSIONALS

MEMBER LOG IN

NOT A MEMBER? JOIN ISSUP

Powered by Google Translate

Select Language

HOME ABOUT ISSUP TRAINING SUBSTANCE USE FORUM INFORMATION CENTRE

Search ...

ISSUP INTERNATIONAL SOCIETY OF SUBSTANCE USE PREVENTION AND TREATMENT PROFESSIONALS

I AM ISSUP

Be a member of The International Society of Substance Use Prevention and Treatment Professionals (ISSUP) today!

WELCOME TO THE ISSUP WEBSITE!

The International Society of Substance Use Prevention and Treatment Professionals (ISSUP) recognises and supports those working to prevent or treat substance use disorders. Its members come from a range of careers within the field, with a professional qualification or significant experience. ISSUP brings substance use professionals together, provides them with the latest knowledge and news, and provides training and qualifications to further their professional development. ISSUP acknowledges and promotes professional, informed and effective practice and study.

This website is an inclusive information centre and the common meeting place of individuals and organisations working in the field of demand reduction and supply reduction, it gives members the opportunity to share and network within ISSUP and both members and non-member the opportunity to learn more. You will also find the latest training and qualification opportunities here!

[Read more](#)

“Training is required for working in addiction field to enhance knowledge and skills. It is not only for addiction professionals, but also for the clients. The training can ensure that the appropriate and evidence-based treatment is provided for the client with effective outcome. ISSUP meeting can provide training, update and practical knowledge and networking for sharing experience and collaboration among the addiction professionals.”

Dr. Danai Indrakamhaeng, M.D.
Thanyarak Chang Mai Hospital

Free Membership, Sign Up Today!

www.issup.net

National Chapters

- Philippines (Dec. 2014)
- Pakistan (Oct. 2015)
- Kenya (2016)

Other chapters under formation:

- Malaysia
- Sri Lanka
- Maldives

What about

- Brazil?

International Consortium of Universities for Drug Demand Reduction (ICUDDR)

Objectives:

1. Promote and develop academic programs in addiction studies.
2. Share the UTC/UPC through Education Provider (EPs) agreements.
3. International exchanges of students and faculty
4. Researching and promoting careers in treatment and prevention with the labor market and policymakers
5. Evaluating the ISSUP database.
6. Exploring incorporation into ISSUP

Next meeting: Prague, Czechia, June 19-21, 2017
Universities with EPs may apply for sponsorship.

Drug Free Community Coalitions

Since 2012, INL has supported the establishment of **193** community coalitions to reach programming in **22** countries with **6,300 active members** around the world through the Community Anti Drug Coalitions of America (CADCA)



Programs and Innovative Projects

Drug Prevention Community Mobilization

Latin America

1. Colombia
2. Peru
3. Bolivia
4. Brazil
5. Mexico
6. Guatemala
7. Honduras
8. Haiti
9. Costa Rica
10. Uruguay

Africa

1. South Africa
2. Kenya
3. Ghana
4. Senegal
5. Cape Verde
6. Tanzania
7. Nigeria

Asia

1. Kyrgyzstan
2. Tajikistan
3. Philippines
4. Iraq

Project: Community Anti-Drug Coalitions

- INL supported the establishment of CADCA coalitions in 21 countries.
- Some countries have developed their own coalitions. Peru, for example, developed 30 self-sustaining coalitions, claiming it reduces not only drugs, but also criminal activity.
- INL conducted an outcome evaluation of the coalition model in Peru.



IV. Address Populations with Special Needs



Addressing Populations with Special Needs

- 1. Women**
- 2. Children**
- 3. Adolescent Males and Females**
- 4. People in Recovery**
- 5. Rural Populations**
- 6. People Living in Deprivation**
- 7. Populations at Risk for Extremism**
- 8. Gangs**
- 9. Overdose in Opioid Drug Users**
- 10. Criminal Justice Populations**
 - 1. Prison Based Treatment**
 - 2. Alternatives to Incarceration**
- 11. People Living in Refugee Camps**
- 12. Child Soldiers**
- 13. Victims of human trafficking**
- 14. Culturally Distinct Populations (Indigenous)**
- 15. LGBT**
- 16. Peoples with Physical Disability and Chronic Pain Management**
- 17. Sex workers**
- 18. People with Co-occurring Communicable Diseases: HIV+, Hep B & C, TB**

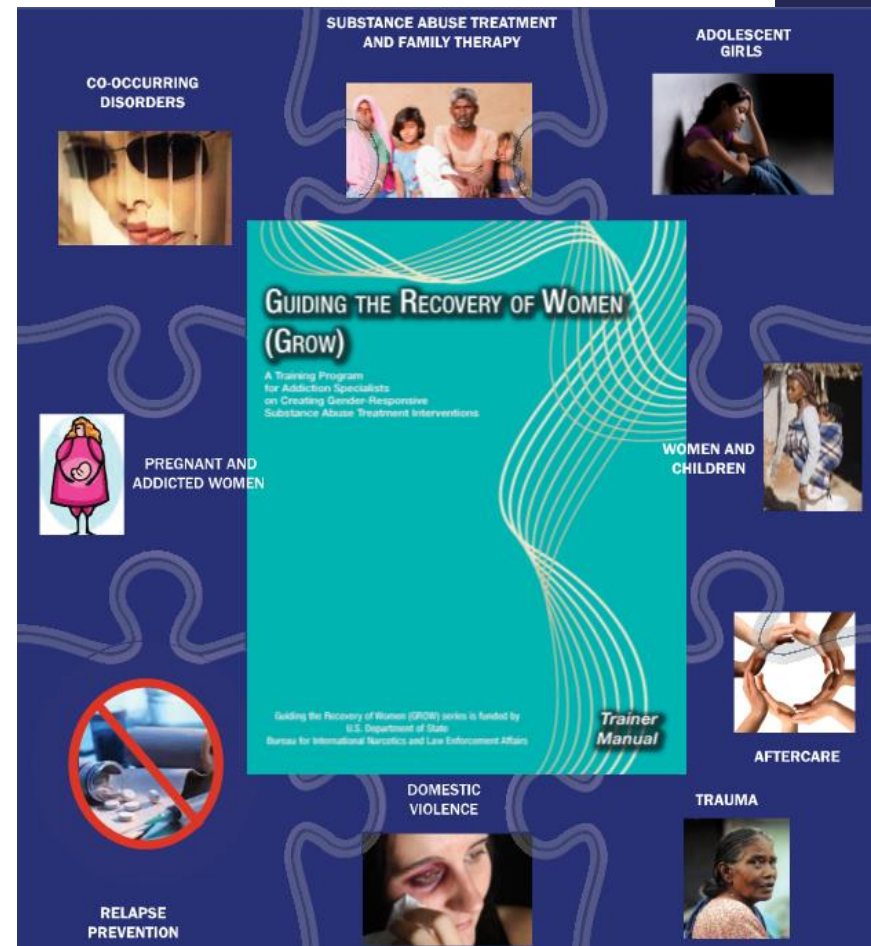
1. Women's Treatment

The Guiding the Recovery of Women (GROW)

- A 10-course series that trains counselors on treating women with substance use disorders
- GROW currently available for dissemination in Asia, Africa, and Latin America.

Courses

1. GROW Basic
2. Continuum of Care
3. Domestic Violence
4. Trauma
5. Co-Occurring Disorders
6. Pregnant & Addicted Women
7. Women with Children
8. Adolescent Females
9. Family Therapy
10. Relapse Prevention



2. Children's Treatment

The Children's Treatment Curriculum

- 6-course series addressing child drug use from infancy to early adolescence, based on the world's first protocols to treat children with substance use disorders
- 2013-2015: Afghanistan, Pakistan, India, and Bangladesh.
- 2016: Chile, Argentina, Paraguay, Peru

Courses

1. Interventions for Children
2. Counseling
3. Motivational Interviewing
4. Trauma and Distress
5. Suitcase for Life
6. Pharmacological Treatment



3. Recovery Training

Recovery Coach Training

- 4 courses designed for post-treatment support workers
- Help build a network for persons in recovery
- Exam and recovery coach credential offered
- Annual International Recovery Symposia (IRS)

Courses

1. Recovery Coach 1
2. Recovery Coach 2
3. Pharmacology & Physiology
4. Ethics

4. Working with Rural Communities

Addressing Drug Use in Rural Communities

- Supporting UNODC and WHO to develop new modality for drug use in rural communities.
- Urban teams will travel and live in rural areas for a period of time.
- Teams specialize in four components: 1) awareness, 2) prevention, 3) treatment, 4) recovery
- Colombo Plan will pilot test in Afghanistan in late 2016

5. Toxic Adulterants

Testing of Toxic Adulterants

- South American crack cocaine is being mixed with toxic cutting agents, such as levamisole (depletes white blood cells) or phenacetin (causes kidney failure and bladder cancer).
- Colombo Plan project with DEA tests street drugs for these agents and alerts public health authorities.
- Developing quick test strips to identify, at low cost, drug users with these toxins for referrals to preventative medicine.

6. Engaging Other Networks

Religious Leaders

- Introducing drug use into existing conferences for Christian leaders
- Conference of Islamic Scholars
- Working with Catholic charitable programs

Police

- Law Enforcement Training on Understanding Addiction and Dealing with Drug Users

Criminal Justice Professionals

- Alternatives to Incarceration Curriculum (ATI)

Youth

- Colombo Plan's Global Youth Forum
- UNODC Youth Network

Entertainment and Sports Figures

- Engaging influential

Conclusion

- INL seeks a long-term partnership with governments, civil societies, and universities.
- Join the ISSUP network at www.issup.net.
- Consider taking the UTC and UPC training series from your local education providers, take the examination and become a credentialed professional.
- Support others in the field. Share news, journal articles, and experiences with the rest of the field on issup.net.
- Seek to build national coalitions of treatment/prevention professionals, academia, clients and families.

Contact

Brian A. Morales

Division Director

Global Drug Demand Reduction Programs

Bureau of International Narcotics and Law Enforcement
Affairs

U.S. Department of State

DemandReduction@state.gov