

Challenges to the Addictions Field in the Next Decade

Thom Browne, Jr.

CEO

Colombo Plan Secretariat

December 2016

Drug Use Around the World Today

- On a global level, drug use is stable.

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

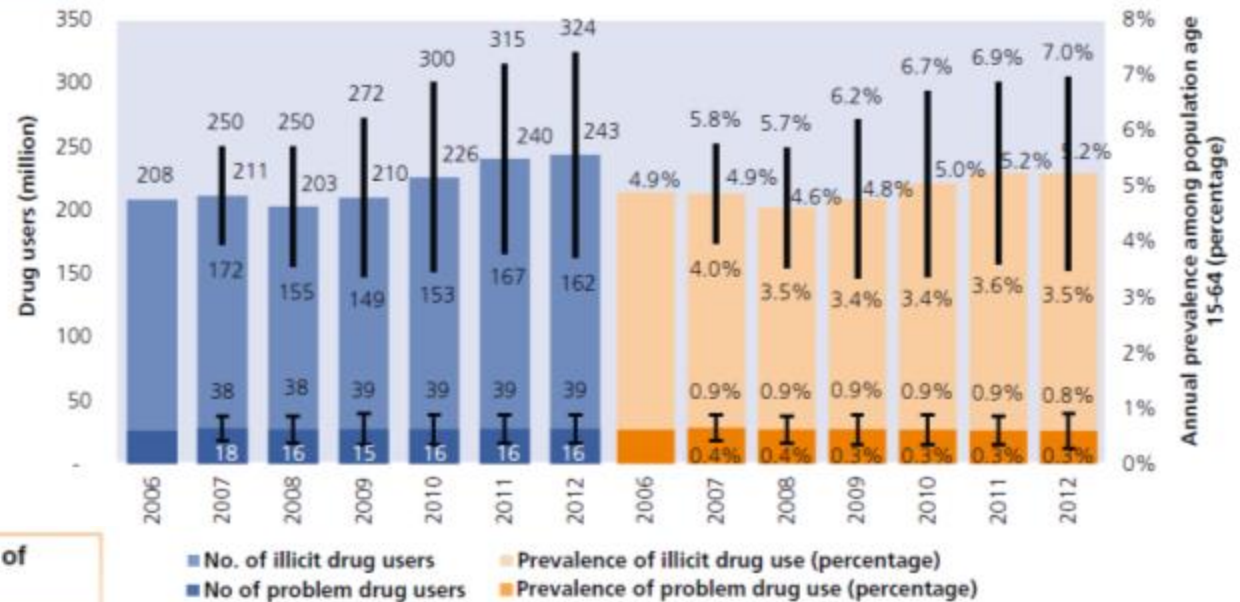
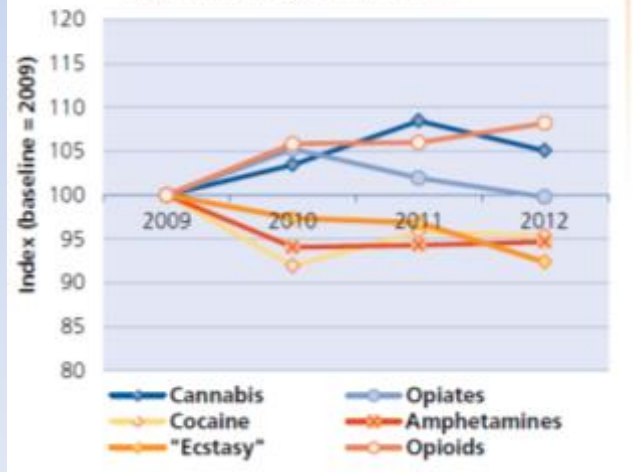


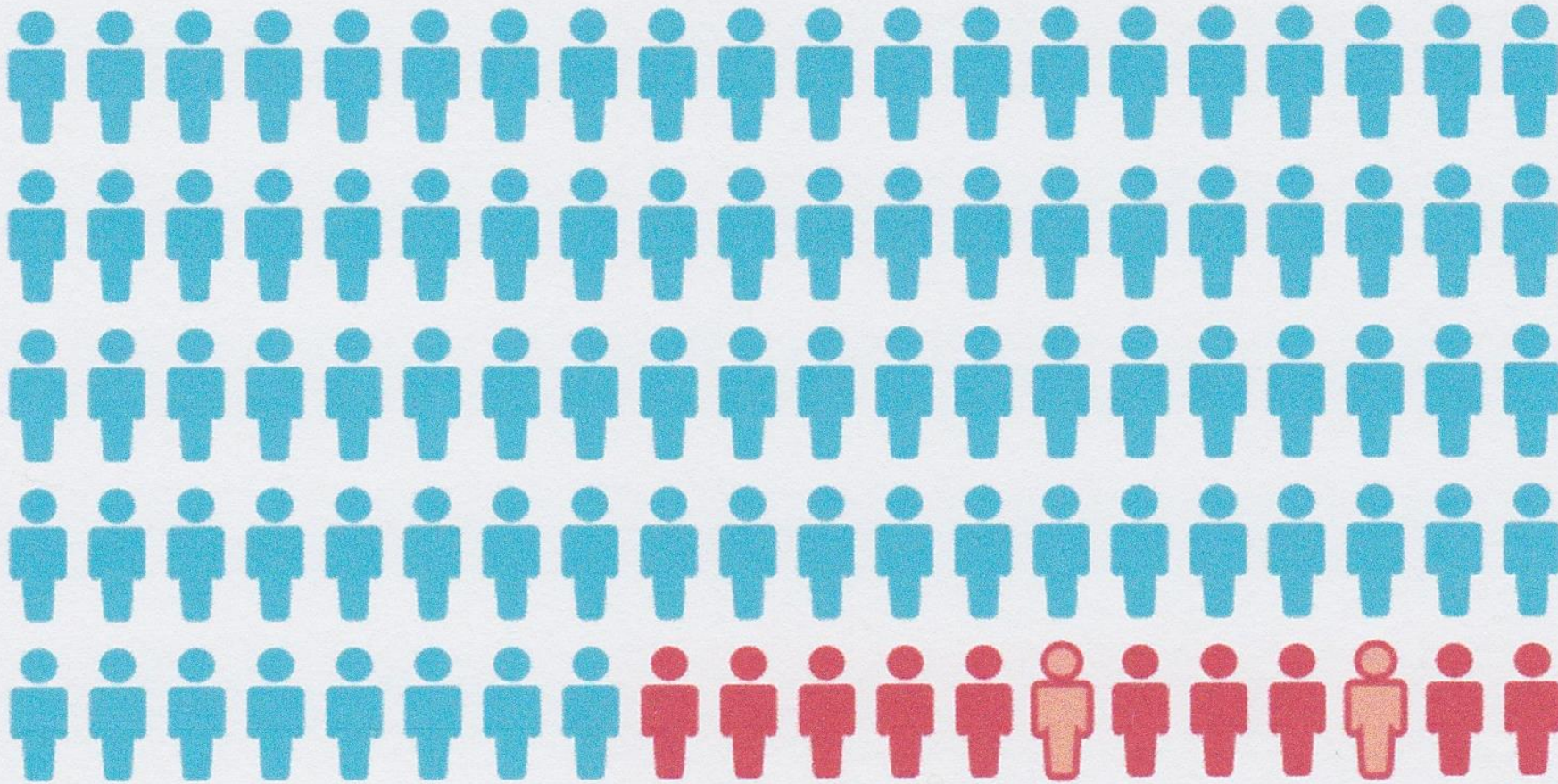
Fig. 2. Trends in the prevalence of use of different drugs, 2009-2012



- 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).

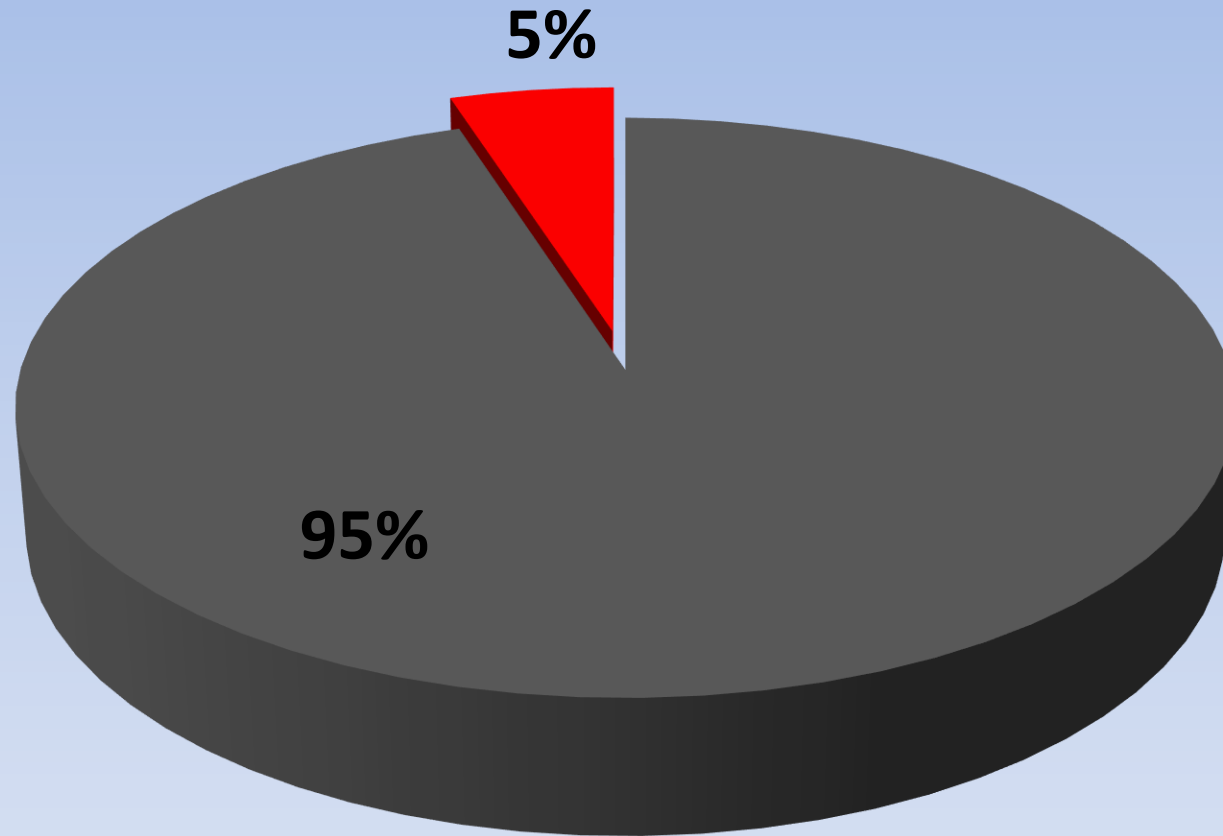
247 million people used drugs in the past year



29 million suffer from drug use disorders

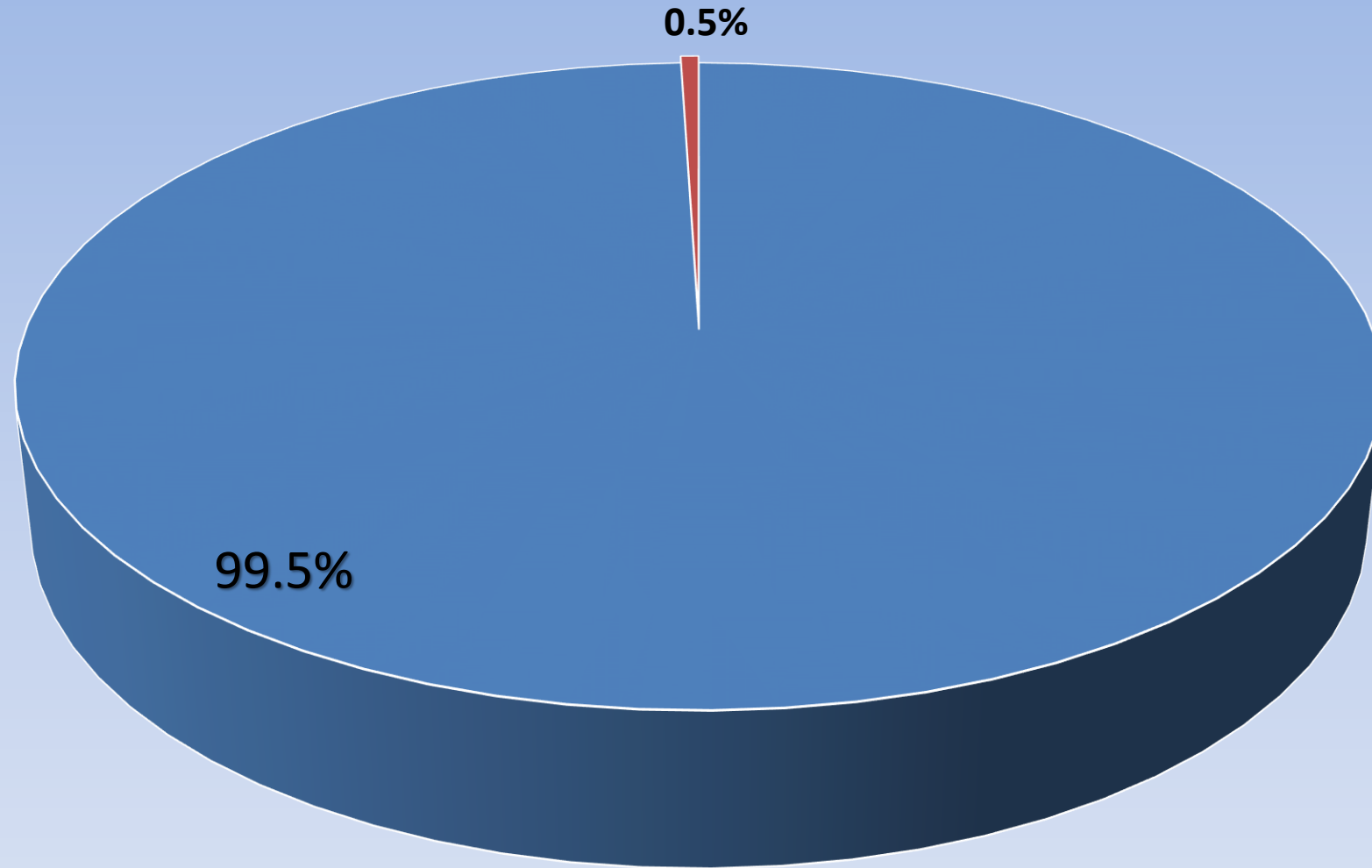
but only 1 in 6 people with drug use disorders is in treatment

Global Drug Use



No	Yes
■ Não	■ Sim
No	Si

Problem Drug Use



■ No

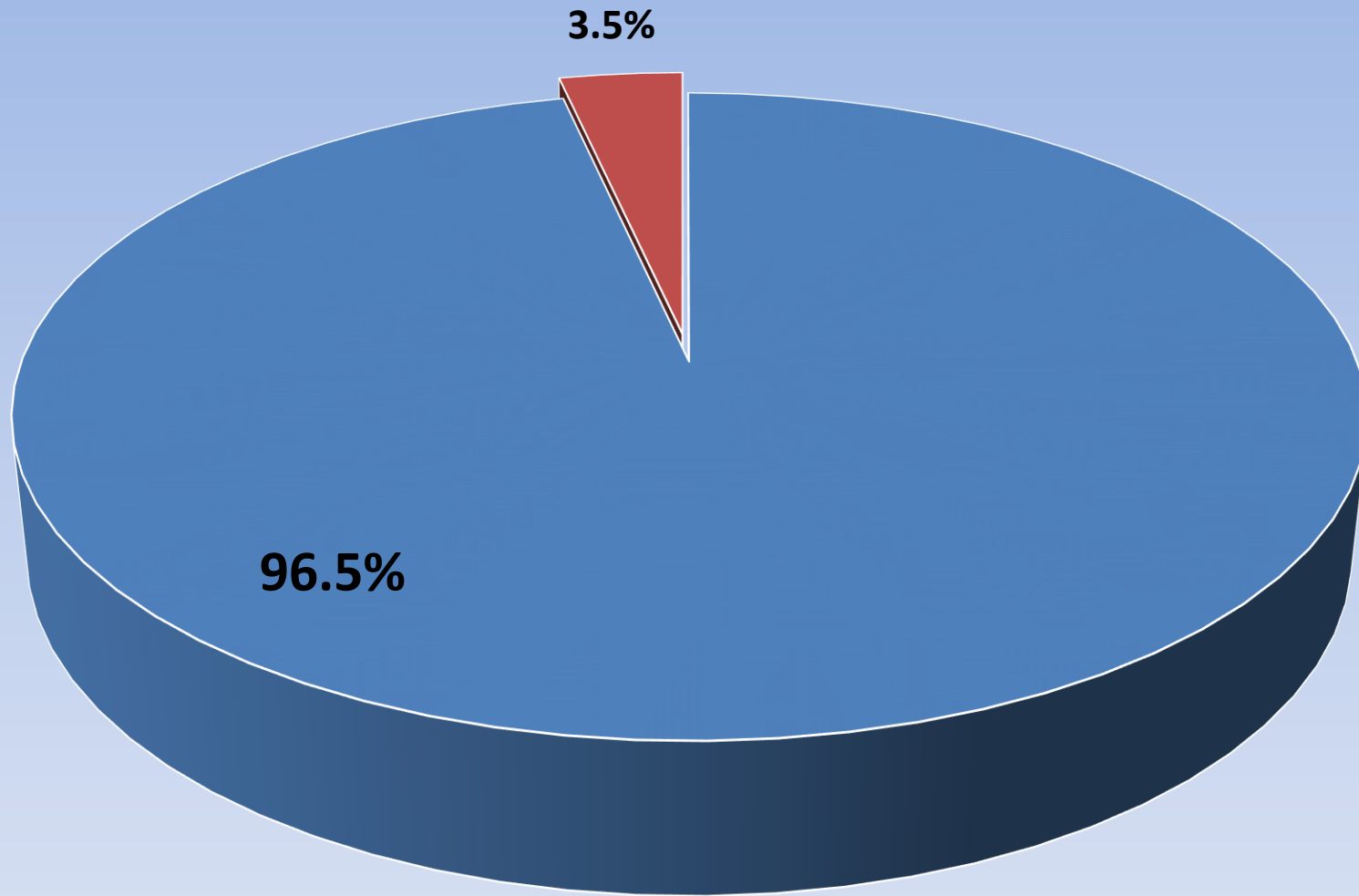
■ Yes

Annual Prevalence and Number of Illicit Drug Users at the Global Level (adults aged 15-64) – 2010

(United Nations World Drug Report 2012)

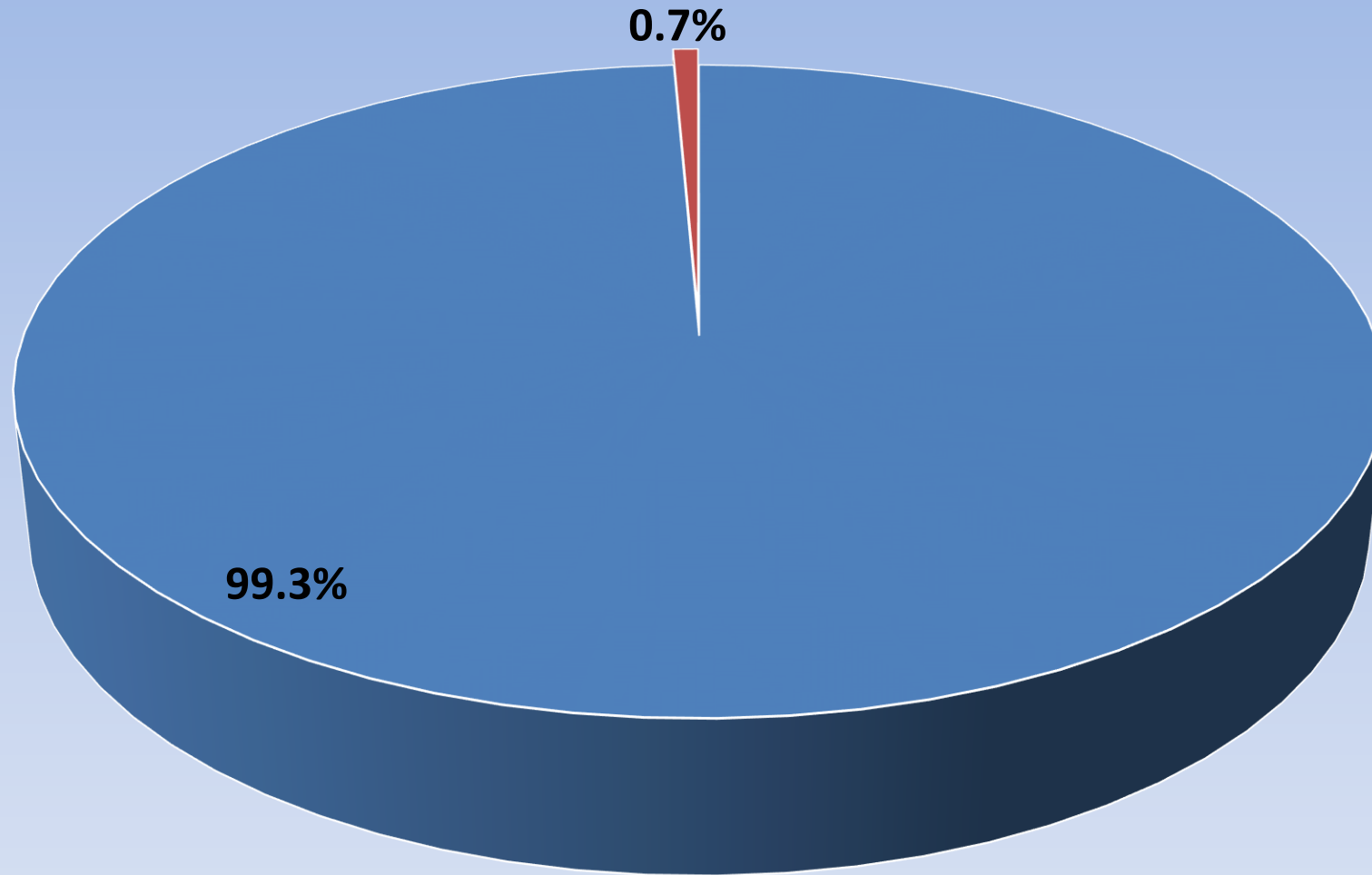
	Prevalence (percentage)		Number (thousands)	
	Low	High	Low	High
Cannabis	2.6	5.0	111,420	224,490
Opioids	0.6	0.8	26,380	36,120
Opiates	0.3	0.5	12,980	20,990
Cocaine	0.3	0.4	13,200	19,510
Amphetamine-type stimulants	0.3	1.2	13,340	52,540
“Ecstasy”	0.2	0.6	10,480	28,120
Any illicit drug	3.4	6.6	153,000	300,000

Cannabis Use



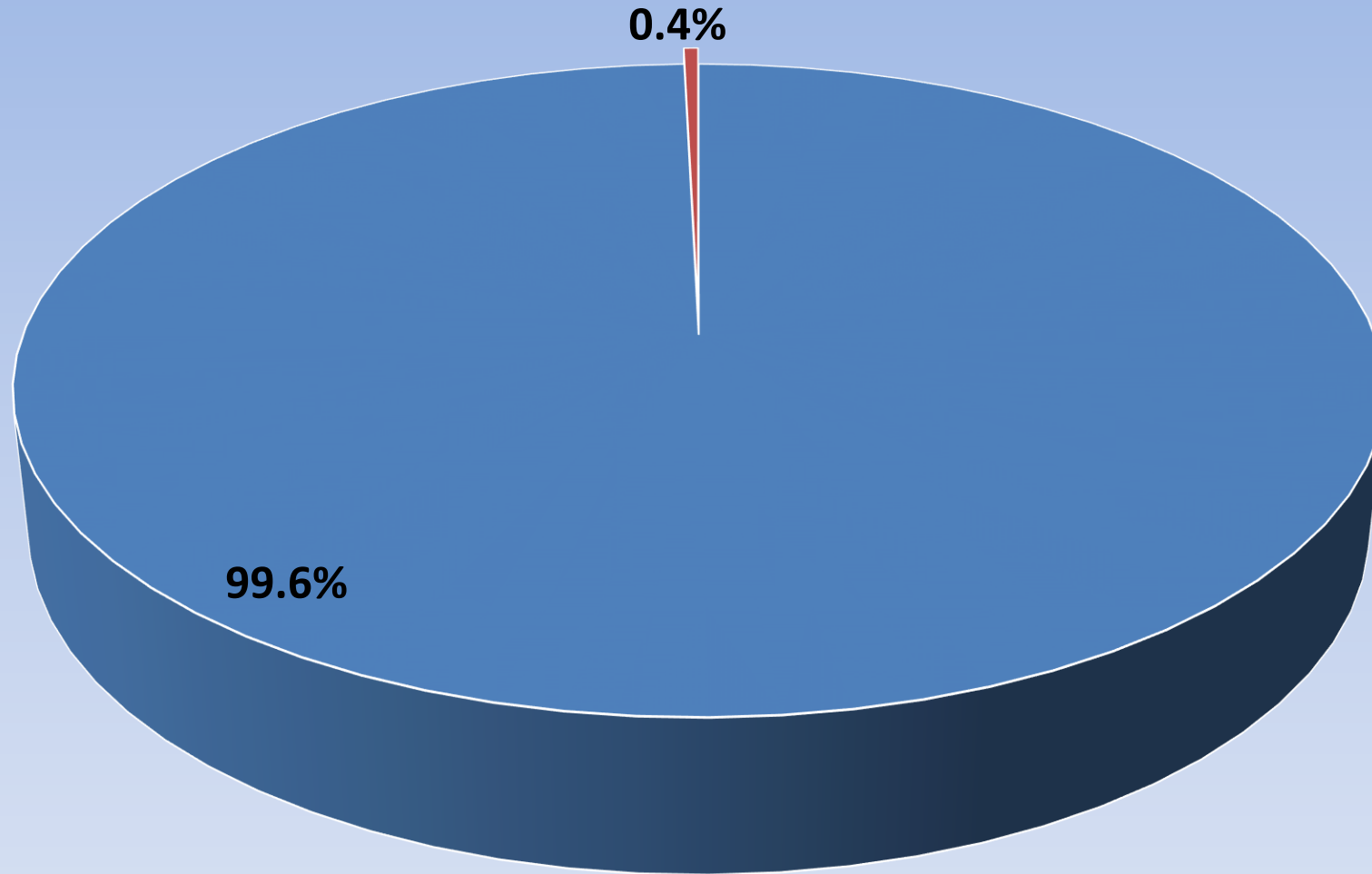
■ No ■ Yes

Opioids Use



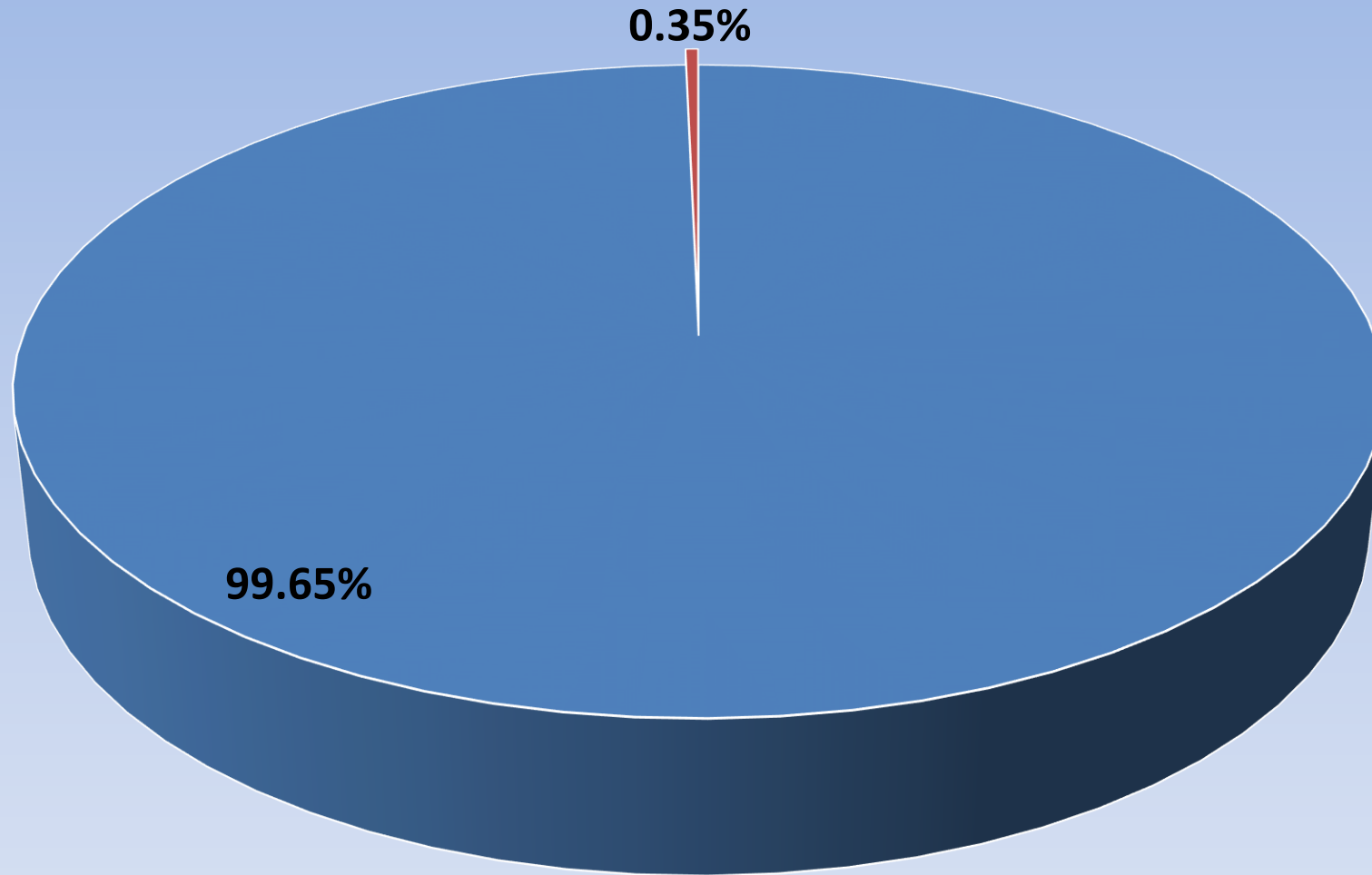
■ No ■ Yes

Opiates Use



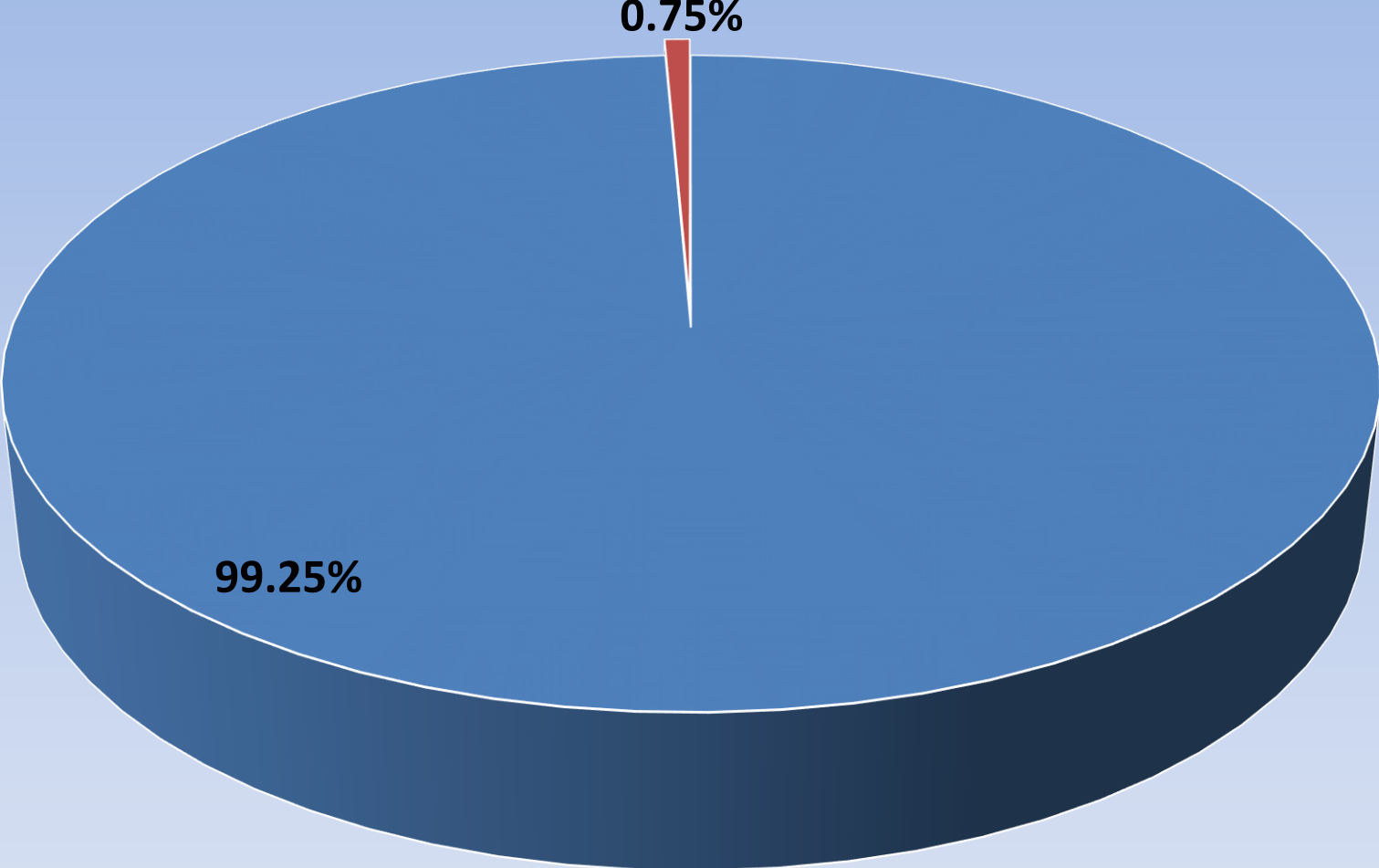
■ No ■ Yes

Cocaine Use



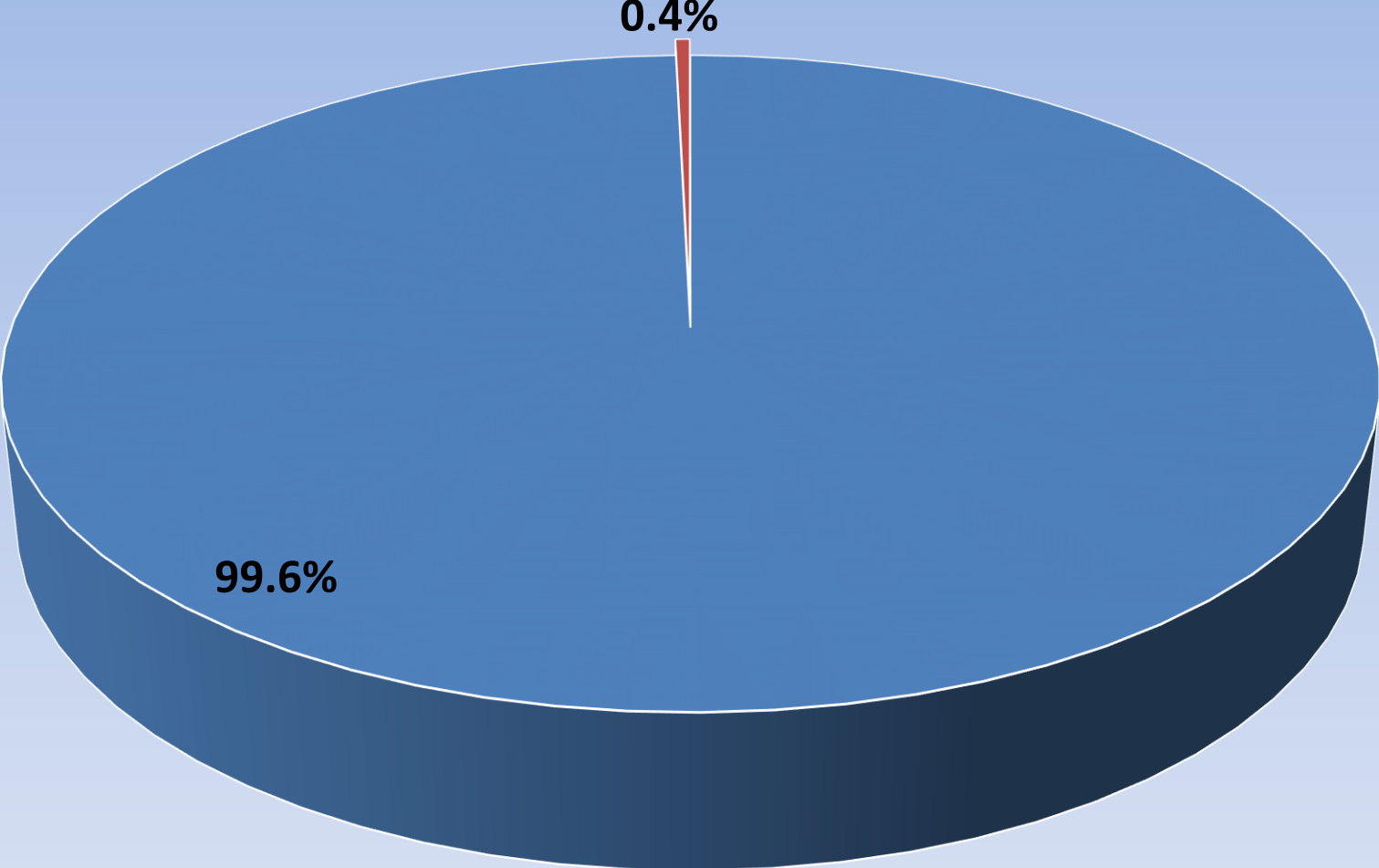
■ No ■ Yes

Amphetamine Use



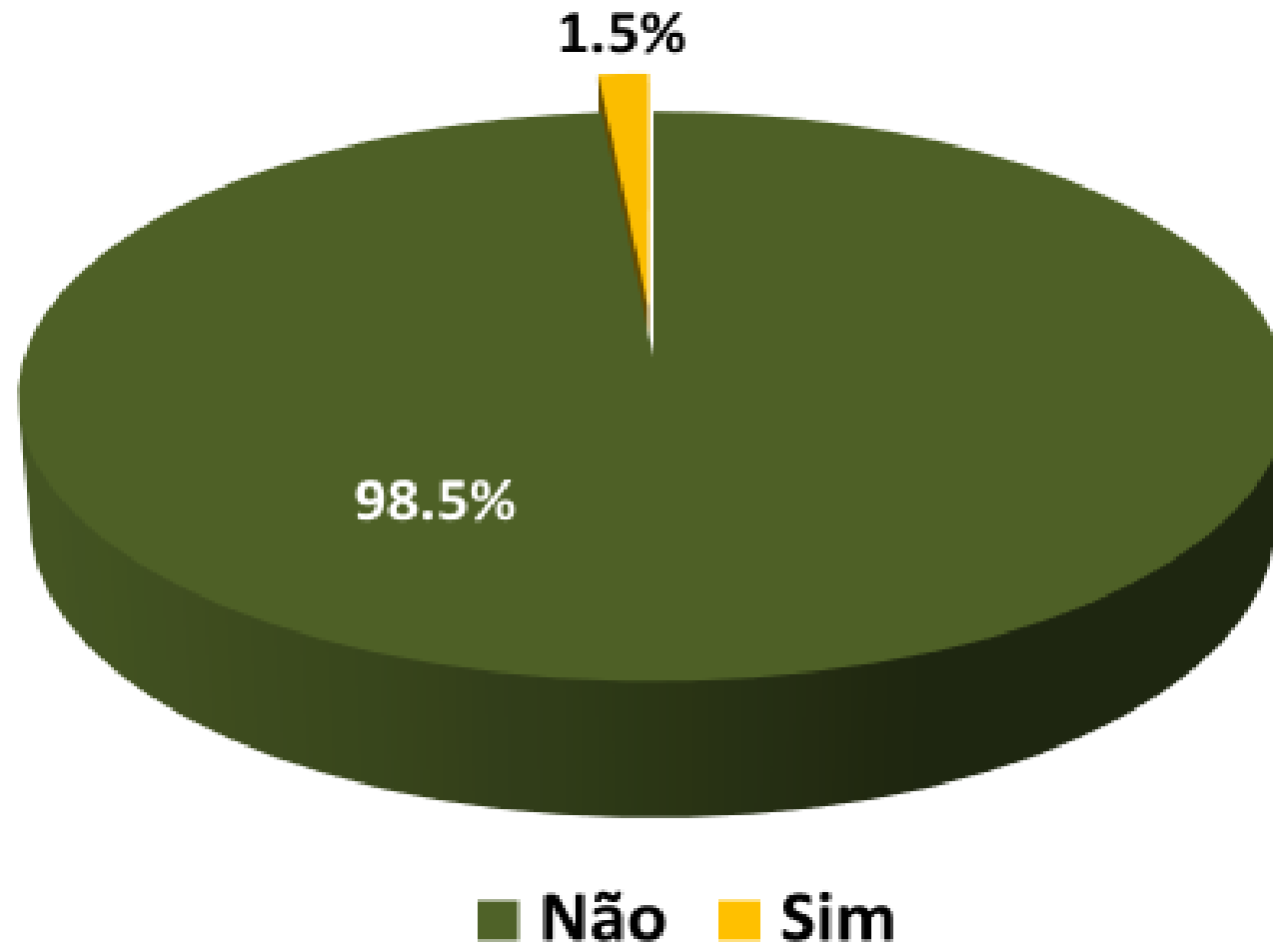
■ No ■ Yes

Ecstasy Use



■ No ■ Yes

Brasil Uso de Drogas

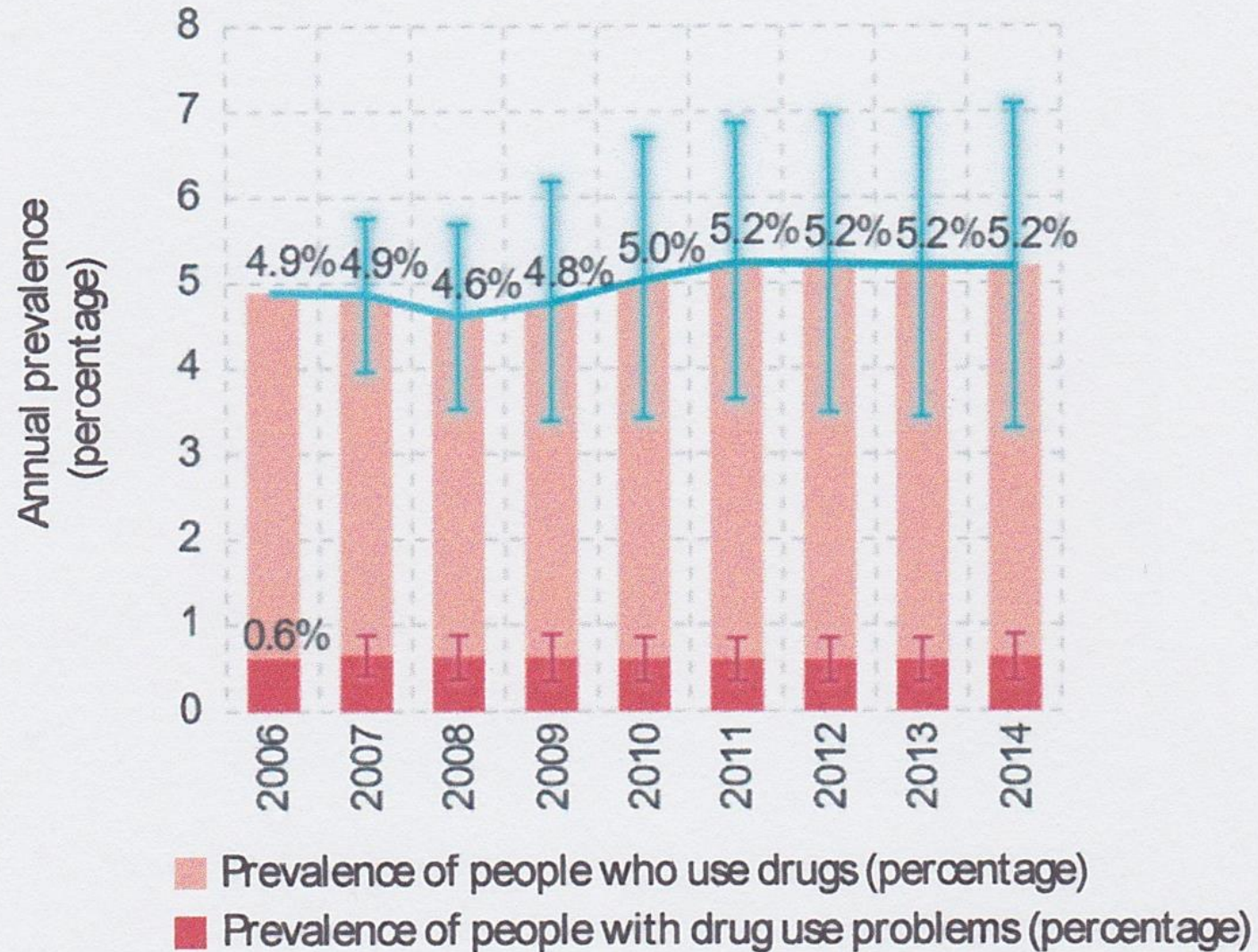


Challenges to the Addictions Field in the Next Decade

1. Reduce Global Prevalence of Drug Use

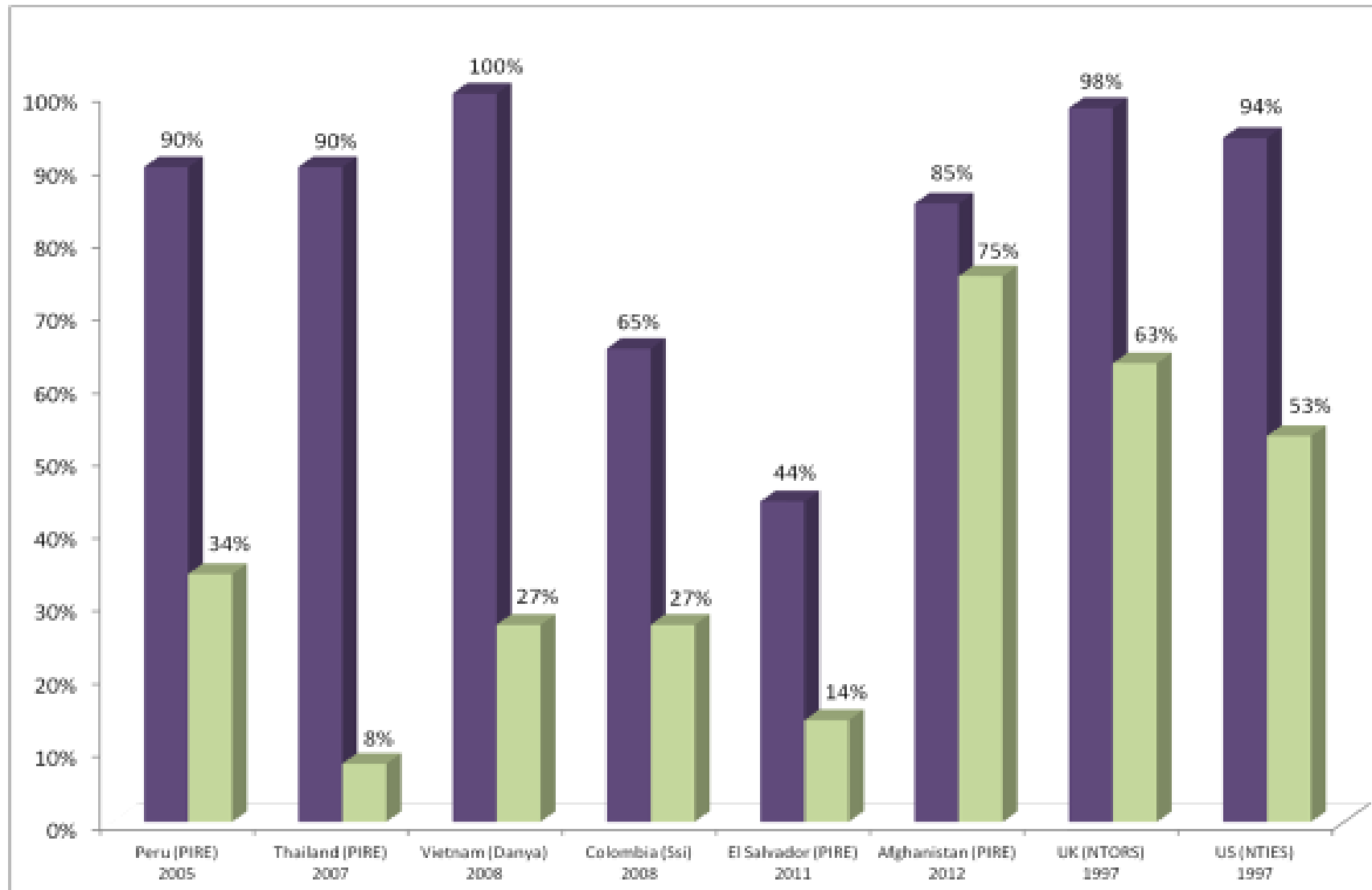
- Rate has held constant at 5% for last decade: 2006 – 2016
- Next decade should be devoted to reducing the 5% rate
- Recent gains in addictions science and evidence-based practices make this possible

Global trends in the estimated prevalence of drug use, 2006-2014



Global INL Drug Treatment Evaluation Results

Overall Change in Substance Use Before and After Treatment



2. Reduce the Time Period to Implement Research into Practice

- 17 years is too long to wait

3. Since DDR Obviously Works, Rapidly Scale-up the Dissemination of UTC & UPC Globally

- **we've managed to fight the oil fire of addiction with limited tools and been successful**

FIRE







Imagine how much more successful we could be by using the full arsenal of evidence-based techniques & curricula

- **The equivalent of dynamite to put out the oil fire**
- **Dynamite used to create a shock wave that pushes burning fuel & local atmospheric oxygen away from the well**
- **Like blowing out a candle; blow out the fire**





Colombo Plan International Centre for Credentialing and Education of Addiction Professionals (ICCE)

UNIVERSAL TREATMENT CURRICULUM FOR SUBSTANCE USE DISORDERS (UTC)

UTC BASIC LEVEL CURRICULA

The Colombo Plan International Centre for Credentialing and Education of Addiction Professionals series of training curricula is developed for the training and credentialing of addiction professionals. The overall goal of training series is to reduce the significant health, social and economic problems associated with SUDs by building international treatment capacity through training, professionalising, and expanding the global treatment workforce.

The UTC basic level curricula is a set of eight training curriculum that covers the broad spectrum of substance use disorder treatment. It aims to enhance the knowledge, skills and competency level of addiction and professionals by providing them with a solid foundational understanding of the science of addiction and latest information on evidence-based practices in treatment and interventions for clients and families. The experiential activities aim to enhance the skills and build up the confidence of treatment practitioners in the delivery of quality care and services that could help improve treatment outcomes.

The training on the UTC likewise prepares the counsellors for basic level professional certification. The credentialing programme aims to raise the professional standards and provide a benchmark for practitioners in the field.

Curriculum 1: Physiology and Pharmacology for Addiction Professionals (24 hours)

The curriculum presents a comprehensive overview of addiction; provides an understanding of the physiology of addiction as a brain disease; and describes the pharmacology of psychoactive substances.

Curriculum 2: Treatment for Substance Use Disorders–The Continuum of Care for Addiction Professionals (40 hours)

The curriculum provides the foundation for learning about SUD treatment. It gives an overview of recovery and recovery management, stages of change, principles of effective treatment, components of treatment and evidence-based practices.

Curriculum 3: Common Co-Occurring Mental and Medical Disorders- An Overview for Addiction Professionals (24 hours)

This foundational course provides an overview of the relationship of co-occurring mental and medical disorders and SUD related treatment issues.

Curriculum 4: Basic Counselling Skills for Addiction Professionals (40 hours)

The curriculum provides an overview of the helping relationship and the opportunity to practice core counselling including basic skills in motivational interviewing, group counselling and implementation of psychoeducation sessions.

Curriculum 5: Intake, Screening, Assessment, Treatment Planning and Documentation for Addiction Professionals (40 hours)

This curriculum is a skills-based course that teaches effective and integrated Intake, Screening, Assessment, Treatment Planning and Documentation procedures to Addiction Professionals.

Curriculum 6: Case Management for Addiction Professionals (16 hours)

The curriculum is a foundational and skill-based course that provides an overview of case management in SUD treatment and provides skills practice in case management functions.

Curriculum 7: Crisis Intervention for Addiction Professionals (16 hours)

The curriculum addresses the concept of crisis as a part of life and provides guidelines for crisis intervention, including managing suicide risk. It also addresses ways counsellors can avoid personal crisis situations by providing information

Curriculum 8: Ethics for Addiction Professionals (32 hours)

The curriculum addresses professional conduct and ethical behaviour in SUD treatment. Topics include confidentiality, ethical principles and professional codes of ethics. It also highlights the importance of supervision as part of ethical practice. In this curriculum, the participants are given the opportunity to learn and practice the use of an ethical decision-making model through case study analyses. As part of the integration, participants will develop their code of ethics.

UTC INTERMEDIATE LEVEL CURRICULA

The UTC intermediate level is a set of 10 curricula, which is currently being developed to provide a more comprehensive and theoretical foundation in the clinical practice of substance use disorder treatment. It is a specialised training that aims to provide an in-depth continuing education with the latest information and skills-based activities to further enhance the capacity of the treatment workforce and standardise the quality of care and services they provide for their clients.

Curriculum 9 : Pharmacology and SUD (33 hours)

Curriculum 10 : Managing Medication Assisted Treatment Programs (33 hours)

Curriculum 11 : Enhancing Motivational Interviewing Skills (20 hours)

Curriculum 12 : Cognitive Behavioural Therapy (CBT) (20 hours)

Curriculum 13 : Contingency Management (20 hours)

Curriculum 14 : Working with Families (33 hours)

Curriculum 15 : Skills for Screening Co-occurring Disorders (20 hours)

Curriculum 16 : Intermediate Clinical Skills and Crisis Management (33 hours)

Curriculum 17 : Case Management Skills and Practices (33 hours)

Curriculum 18 : Clinical Supervision for SUD Professionals (33 hours)

UTC SPECIALISED CURRICULA

Guiding Recovery of Women (Grow) 10 Curricula

The basic components of the GROW Curriculum espouses among others the United Nations' resolution on **the recognition of women's rights and the promotion of gender equality**. It attempts to provide a **responsive and evidence-based treatment model** that promotes whole person recovery of women substance abusers by identifying and building personal strengths, teaching coping skills, addressing children's need and addressing trauma and abuse. One of GROW's salient features is in **addressing trauma and abuse among women with SUD problems** which can complicate treatment and recovery.

Community Based Recovery Support System

Community-based support is pivotal to the enhancement of the recovery capital of the addicted persons, as well as in their reintegration back into the society. The Curriculum is designed to provide knowledge and skills for people, organisations and service systems in giving peer and community-based support to individuals and families with substance abuse problems.



COLOMBO PLAN
ICCE
International Centre for Credentialing and
Evaluation of Addiction Professionals

No.31, Wijerama Mawatha,
Colombo 7,
P.O. Box: 596,
Sri Lanka.
Tel: +94112684188 (Hotline), 2694183-5
Fax: +94112684386
www.colombo-plan.org/iccce

Published in March 2015



Colombo Plan International Centre for Credentialing and Education of Addiction Professionals (ICCE)

UNIVERSAL PREVENTION CURRICULUM FOR SUBSTANCE USE (UPC)

The Universal Prevention Curriculum has been developed to meet the current demands for evidence-based practices in the area of substance use prevention. The UPC has 2 series: UPC Series 1 and UPC Series 2.

UPC Series 1

UPC 1 provides a 288-hours training programme for prevention coordinators who coordinate and supervise the implementation of prevention interventions and/or policies. This series is composed of nine curricula as follows:

Curriculum 1: Introduction to Prevention Science (40 hours)

Provides an overview of the science that underlies evidence-based prevention interventions and strategies, and the application of these effective approaches in prevention practice.

Curriculum 2: Physiology and Pharmacology for Prevention Specialists (24 hours)

Provides an overview of the physiology and pharmacology of psychoactive substances and their effects on the brain to affect mood, cognition, and behaviour and the consequences of such use on the individual, the family and the community.

Curriculum 3: Monitoring and Evaluation of Prevention Interventions and Policies (40 hours)

Provides an overview of primary evaluation methods used to measure evidence-based prevention interventions and guidance in applying them to "real-world" prevention settings.

Curriculum 4: Family-based Prevention Interventions (32 hours)

Provides an overview of the family as the primary socialisation agent of children, the science behind family-based prevention interventions, and the application of such evidence-based approaches to help prevent the onset of substance use in children.

Curriculum 5: School-based Prevention Interventions (40 hours)

Provides an overview of the school in society, the science behind school-based prevention interventions, and the application of such evidence-based approaches in school settings around the world.

Curriculum 6: Workplace-based Prevention Interventions (24 hours)

Provides an overview of the role of work and the workplace in society, how stressors and other work-related influences affect people's risk of substance use, the science behind workplace prevention interventions, and the application of such evidence-based approaches in work settings around the world.

Curriculum 7: Environment-based Prevention Interventions (24 hours)

Provides an overview of the science underlying evidence-based substance use prevention environmental interventions, involving policy and community-wide strategies.

Curriculum 8: Media-based Prevention Interventions (24 hours)

Provides an overview of the science underlying the use of media for substance use prevention interventions.

Curriculum 9: Community-based Prevention Implementation Systems (40 hours)

Provides an overview of the science underlying the systems approach to prevention interventions and guidance on developing such approaches, as well as exemplars of evidence-based drug use prevention systems.

UPC Series 2

UPC Series 2 provides in-depth knowledge and skills to prevention specialists who implement prevention interventions and/or policies. It provides a core set of curriculum that introduces prevention specialists to the theoretical foundations of evidence-based prevention programming, and provides a more in-depth understanding of the content, structure,

School-Based Prevention Track (140 hours)

- Curriculum 1: Introduction to Prevention Science
- Curriculum 2: Schools as Prime Sites for Prevention
- Curriculum 3: Child Development and Prevention
- Curriculum 4: Needs Assessment and Planning
- Curriculum 5: Review of Evidence-Based Prevention Interventions and Policies
- Curriculum 6: Selection, Adaptation and implementation of Prevention Programming
- Curriculum 7: Monitoring and Evaluation in School Prevention Programming

Family-Based Prevention Track (140 hours)

- Curriculum 1: Introduction to Prevention Science
- Curriculum 2: Introduction to the Family
- Curriculum 3: Family-based Interventions: Types and Evidence
- Curriculum 4: Examples of High-quality Family-based Prevention Interventions
- Curriculum 5: Implementing Family-based Prevention Programmes: Barriers and Solutions
- Curriculum 6: Monitoring and Evaluation in Family Prevention Programming

Environment-based Prevention Interventions and Policies Track (110 hours)

- Curriculum 1: Introduction to Prevention Science
- Curriculum 2: Role of Environmental Interventions within the Socialisation and Prevention Framework
- Curriculum 3: Policies and other Environmental Interventions in the Micro-level Environment of Schools and the Workplace
- Curriculum 4: Principles of Effective Community-Wide Policies, Regulations, and Laws with Examples of Evidence-based Environmental Strategies
- Curriculum 5: Barriers and Enhancers of Effective Implementation of Environmental Interventions
- Curriculum 6: Monitoring and Evaluation as Applied to Environmental Interventions

Media-based Track (115 hours)

- Curriculum 1: Introduction to Prevention Science
- Curriculum 2: Introduction to Media and their Use in Prevention
- Curriculum 3: The Nature of Media and Theories of Media Effects
- Curriculum 4: Overcoming Resistance
- Curriculum 5: Types of Persuasive Media: Advantages, Shortcomings and Peculiarities
- Curriculum 6: Monitoring and Evaluation as Applied to Media

Workplace-based Prevention Track (130 hours)

- Curriculum 1: Introduction to Prevention Science
- Curriculum 2: The Role of the Workplace in Prevention
- Curriculum 3: Why the Workplace is an Important Setting for Drug Use Prevention Programmes
- Curriculum 4: Key Components of Workplace Drug Use Prevention Programmes and Policies
- Curriculum 5: Overview of the UNODC International Standards Evidence-based Prevention Programmes
- Curriculum 6: Adapting and Implementing Workplace-Based Programmes
- Curriculum 7: Monitoring and Evaluation as Applied to the Workplace

Prevention Delivery Systems Track (150 hours)

- Curriculum 1: Introduction to Prevention Science
- Curriculum 2: Evidence-based Intervention Delivery Systems: Overview and Background
- Curriculum 3: Adopting a Multiple-level Problem-Solving Prevention Approach
- Curriculum 4: Organising a Community Team
- Curriculum 5: Selecting, Adapting, and Implementing Evidence-based Interventions
- Curriculum 6: Sustaining Quality Implementation of Evidence-based Interventions
- Curriculum 7: Networking with Other Communities and National-level Support Systems
- Curriculum 8: Monitoring and Evaluation As Applied to Prevention Systems

Monitoring and Evaluation Track (100 hours)

- Curriculum 1: Introduction to Monitoring and Evaluation—Data Collection Methodologies
- Curriculum 2: Monitoring and Evaluation—What is it?
- Curriculum 3: Building and Using Logic Models
- Curriculum 4: Monitoring and Evaluating Evidence-Based Prevention Interventions and Policies
- Curriculum 5: Working Effectively with Evaluation Research Consultants

What's the Vehicle to Accomplish This?

ISSUP | INTERNATIONAL
SOCIETY OF
SUBSTANCE USE
PROFESSIONALS

www.issup.net



4. Grow ISSUP into an Influential and Game-Changing International Network

- **Many international networks failed: conferences too expensive and relied on newsletters**
- **Web-based technology with translation capabilities offers new potential**

- **Rapidly disseminate current & developing evidence-based practices**
- **Link addiction professionals worldwide via on-line TA**
- **Take courses and credentialing exams on-line; recognized in over 40 countries**

Fentanyl

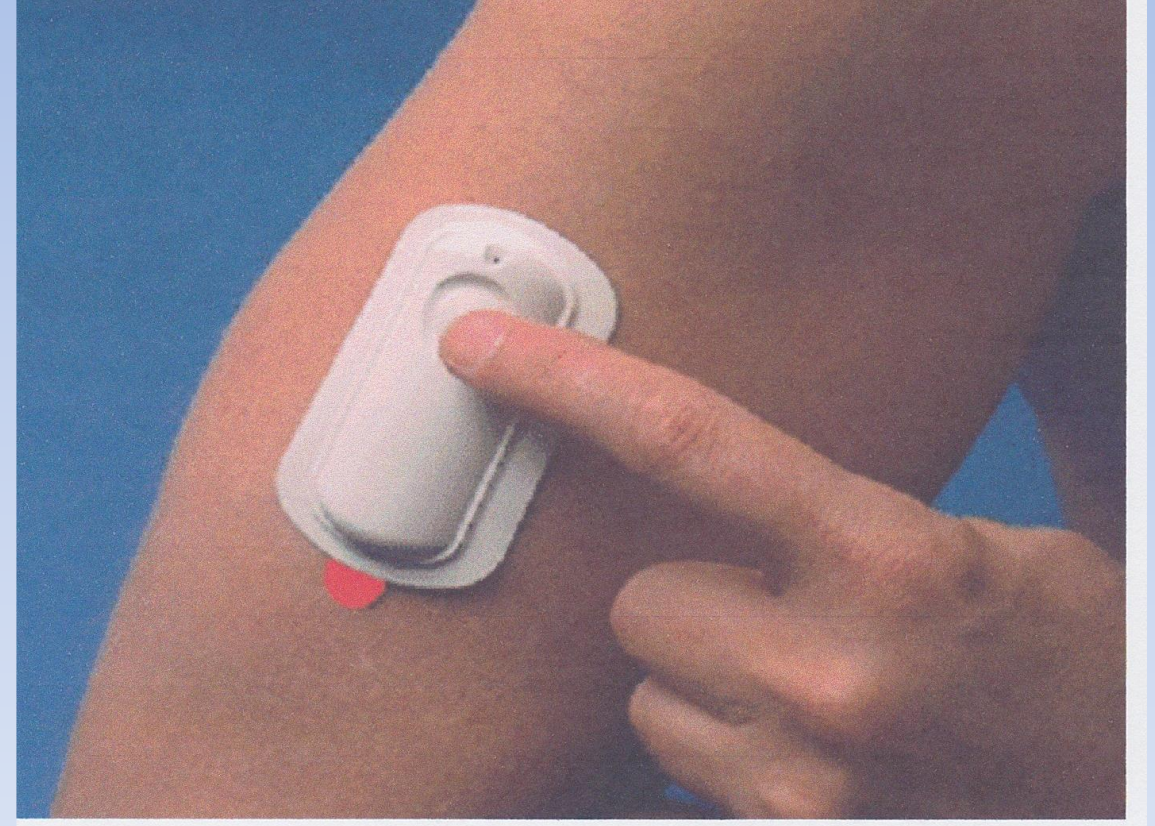
- The fentanyls are a class of highly potent narcotic analgesics.
- Fentanyl itself is solely used as a surgical anesthetic or as a narcotic to treat chronic, severe, or cancer pain that cannot be controlled by other medications.
- It is the most potent opiate available for medical treatment.
- Fentanyl analogs such as Carfentanil are used to immobilize large animals such as elephants.

Licit Pharmaceutical Fentanyl

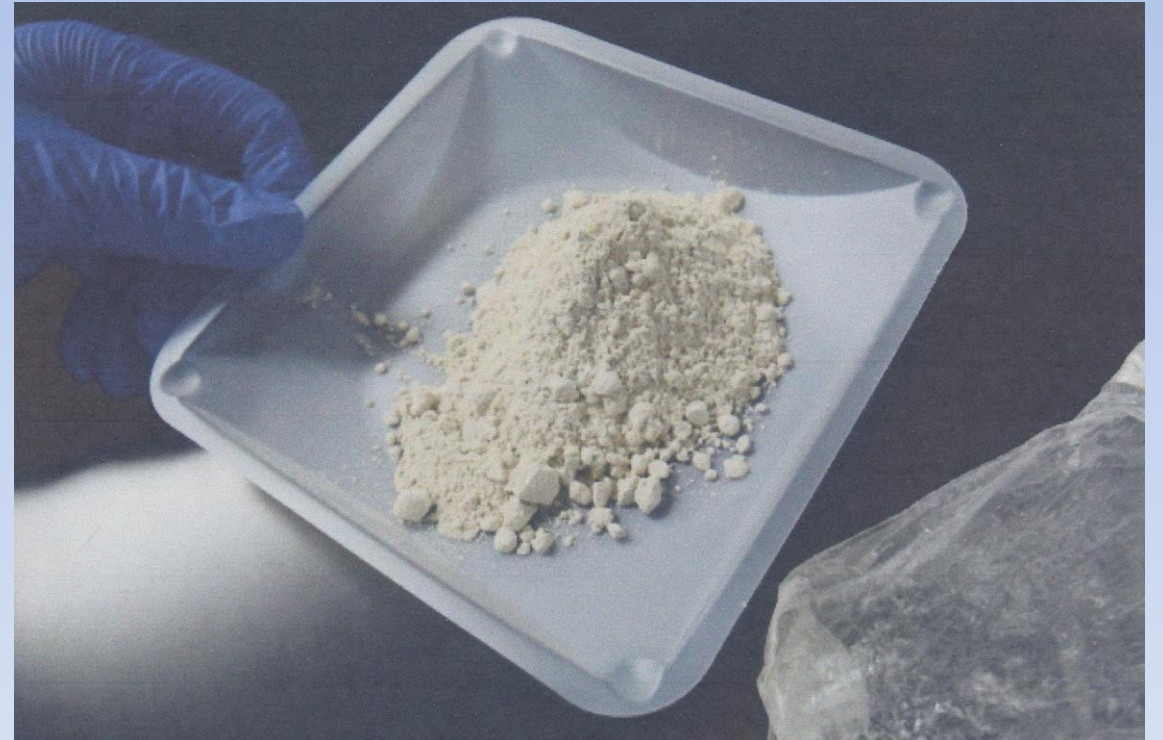
Fentanyl_Family-Reflection_CMYK_Disclaimer.png (PNG Image, ... <http://www.west-ward.com/~media/Images/wwwsite/Products/Inj>)



Licit Forms of Fentanyl: Transdermal Patches



Illicit Forms of Fentanyl





Potency Levels of Heroin and the Fentanyls

<u>Drug</u>	<u>Potency (vs Morphine)</u>	<u>Dosage</u>	<u>Salt</u>
Heroin	2-3 x	10,000 mcg	30 grains
Fentanyl	80 - 100 x	125 mcg	1/3 grain
3MF	1,000 - 3,000 x	10 mcg	1/36 grain
Carfentanil	10,000 x	1 mcg	1/360 grain

Lethal Doses of Fentanyl



Fentanyl is fatal.

This much can kill you. →  to scale 

WARNING
street drugs kill

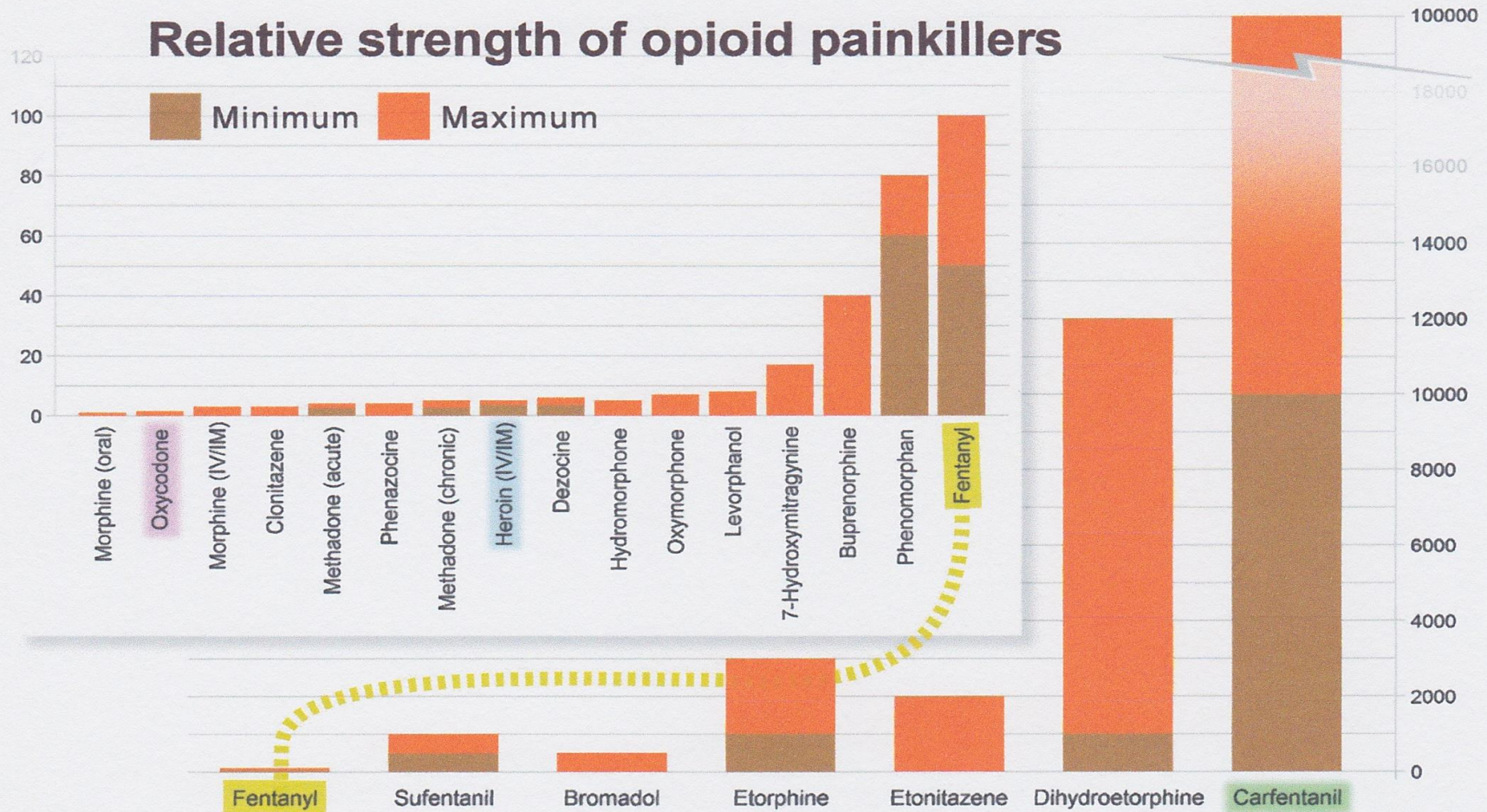

www.abbypd.ca

Lethal Dose: Heroin vs Fentanyl



Fentanyl vs Carfentanil vs Opioid Painkillers

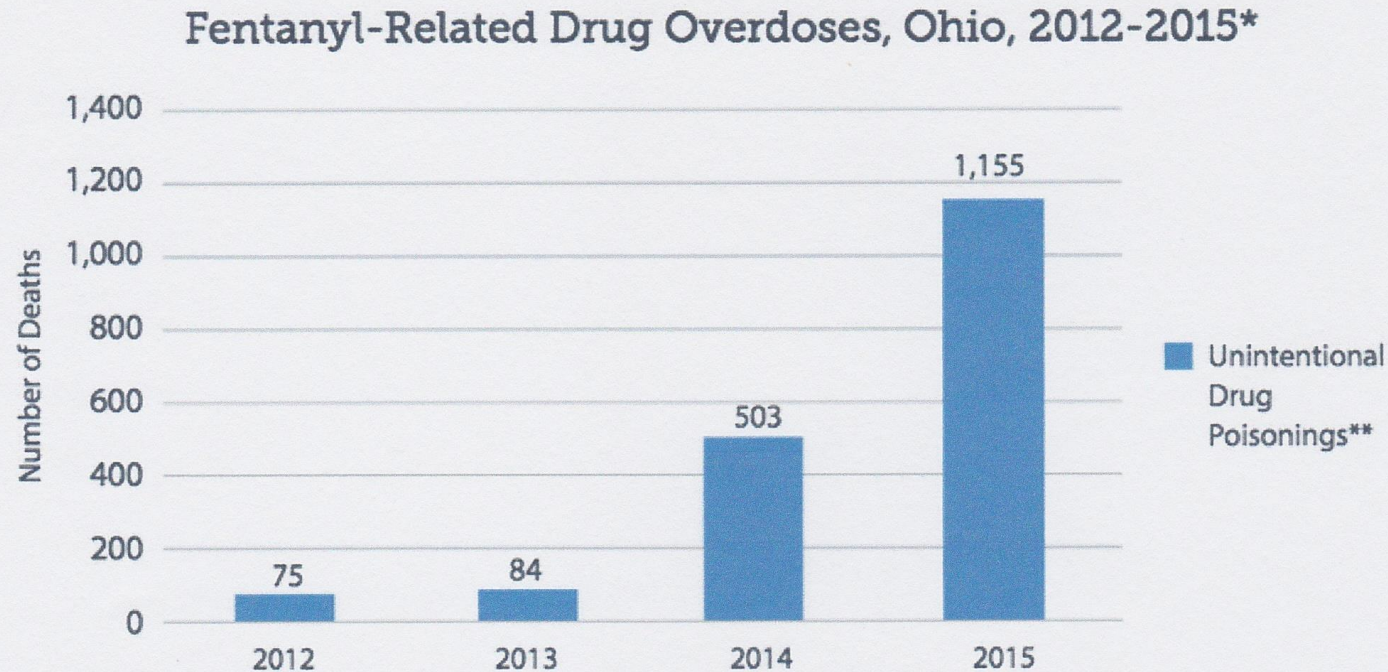
opiate-comparison-morphine-to-carfentanil-02.jpg (JPEG Image, 16... <https://sqwabb.files.wordpress.com/2016/08/opiate-comparison-mor...>



Fentanyl-related Overdoses: Ohio (2012 – 2016)

fentanyl.png (PNG Image, 700 × 447 pixels)

http://www.ooanet.org/aws/OOSA/asset_manager/get_image/13512...



* Unintentional Drug Poisoning Death include deaths with manner on the death certificate listed as "accidental".

** Does not include intentional (homicide and suicide) and undetermined fentanyl related deaths; Additional 4 in 2012, 8 in 2013, 12 in 2014, and 22 in 2015.

Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis Conducted by ODH Injury Prevention Program.

Threats to First Responders and Medical Personnel

- The fentanyl can be absorbed through the skin (*transdermal exposure*).
- The fentanyl can be ingested through *accidental inhalation* of airborne powder.

Safety Precautions When Handling Carfentanil

- Carfentanil is so potent that law enforcement officers must wear *level A hazmat suits* during seizures; the highest protection available (the same suits used to avoid contamination by the Ebola virus).
- Nurses are advised to follow the example of veterinarians by wearing an *impervious gown*, *gloves*, and *mask* when working with Carfentanil patients.



In 1984, the Narcotics Intelligence Estimate report by the National Narcotics Intelligence Consumers Committee estimated that 600 million dosage units or 6,000 kilograms of heroin were consumed in the United States

Amount of Heroin/Fentanyl Required for Consumption by 800,000 Heroin Users over a 1-Year Period

<u>Drug</u>	<u>Kilograms</u>	<u>Pounds</u>
Heroin	6,000	13,200
3-Methyl Fentanyl	6	13.2
Carfentanil	0.6	1.32

Highly educated and trained clandestine chemists could produce the equivalence of the *entire U.S. heroin supply* without ever having to harvest a single opium poppy.



Quantity of Cutting Agents for Heroin and the Fentanyls

<u>Drug</u>	<u>Salt</u>	<u>Cutting Agent</u>
Heroin	30 grains	1 oz = 1 oz
Fentanyl	1/3 grain	1 oz = 12.5 lbs
3MF	1/36 grain	1 oz = 125 lbs
Carfentanil	1/360 grain	1 oz = 1,250 lbs
		1 kilo = 44,000 lbs

Quantity of Cutting Agents for Carfentanil (1 kilo = 44,000 lbs)

